

Identifying 'everyday' challenges faced by former South African street-based prostituted women using Photovoice and the risks for re-entry.

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Declaration

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:

Date:

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Abstract

Prostitution in South Africa takes place within a unique context as it is set within a culture of violence, poverty and gender discrimination. For those women wanting to exit, this causes a multitude of barriers, with often a resultant entry-exit-re-entry cycle being seen. While much research has been done on their lives while still working and during the actual exiting process, insight into the challenges faced by these women within their unique context and daily lives once they have exited, is lacking. This can provide vital information regarding the possible risk factors present for re-entry, while having vast practical relevance for intervention programs. Eight former street-based prostituted women, currently within an exit cycle and members of a leadership program, were recruited to take part in this study. Using the Photovoice method, participants were asked to take photographs and develop a story of the challenges they faced within their daily lives. These photo stories, in conjunction with focus group discussions, were then analysed using thematic analysis, so as to develop an understanding of the most salient challenges faced by these women, and how they might serve as potential barriers to a sustained and successful exit from prostitution. Through this analysis multiple challenges were identified as a result of the low socio-economic status, violence and significant gender oppression these women experience due to living within a patriarchal and poverty stricken society. This was evidenced through their everyday contextual struggles, creating a situation in which they were merely surviving day to day, leaving little room for any form of self-growth or change. The risk factors these challenges pose to re-entry into prostitution are then discussed in relation to existing literature and recommendations for future research and intervention programs are offered.

Keywords: South Africa, prostitution, exiting, exiting barriers, gender oppression, low socio-economic status, poverty, Photovoice.

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Identifying 'everyday' challenges faced by former street-based prostituted women
using Photovoice, and the risks posed for re-entry.

*"Freedom cannot be achieved unless women
have been emancipated from all forms of
oppression...unless we see in visible and
practical terms that the condition of the women
of our country has radically changed for the
better, and that they have been empowered to
intervene in all aspects of life as equals with
any other member of society."*

*"Overcoming poverty is not a task
of charity, it is an act of justice. It
is the protection of a fundamental
human right, the right to dignity
and a decent life. While poverty
persists, there is no true
freedom..."*

Nelson Mandela

Background

South Africa is a country plagued by poverty and unemployment, which coupled with gender discrimination (Hutson, 2007) has left many women without economic opportunities. According to the 2010/11 South African statistics, the official unemployment rate among men was 25.6%, while among women it was 34.6%, with the rate among black African women being the highest, at 52.9% (Statistics South Africa, 2012). Although slight improvements in employment opportunities and education can be seen over the years since the end of apartheid, vast gender-based socioeconomic inequalities still exist (Statistics South

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Africa, 2012). As a result, many women¹ are entering into prostitution² as a form of employment. In much of the research to date, however, there is a debate around the definition of prostitution as “work”. According to the market- orientated approach, one which is adopted by many liberal feminists, prostitution or “sex work” is seen as a vocational choice just like any other (Huysamen, 2011). This approach posits sex as a neutral object exchange, and the act of sex work as an impartial transaction between two consenting partners (Huysamen, 2011; Niemi, 2010). The increased occupational risks, however, such as exposure to violence, STDs, criminalization and stigmatization that prostituted women are exposed to on a daily basis, do not equally relate to the economic practices of conventional employment markets (Sanders, 2004, 2005). Therefore, as a result of the exploitative and inherent harm involved in selling sex, the term prostitution, instead of sex work, will be used throughout the study.

From a choice perspective, it is seen that when a woman chooses sex work as a career, it is not only sexually liberating but also liberation from previous gender discrimination (Halland, 2010). Again it has been argued though that in a country such as South Africa, with its high unemployment rate, coupled with prevalent gender discrimination, selling sex on the street is not so much about freely choosing an income generating profession (Gould & Fick, 2008; Sanders, 2005) but rather about constrained choice forcing a dangerous and risky alternative. It is often chosen as a last resort due to poverty (Cornish, 2006; Sanders, 2007; Williamson & Folaron, 2003), lack of education (Gould & Fick, 2008; Manopaiboon et al.,

¹ Although the researcher does not exclude men from prostitution, the primary focus of this research is on women due to the oppressive, discriminatory and patriarchal nature of South African society, in which these women work.

² The term prostitution has been used, instead of sex work, due to the understanding of the exploitative and inherent harm involved which preclude it from being considered work.

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2003), loss of family support (Cornish, 2006) and the general oppressive circumstances in which these women live. As MacKinnon (1993) argues, “If prostitution is a free choice, why are the women with the fewest choices the ones most often found doing it?” (MacKinnon, 1993). In a study done by Farley et al (2004), it was found that while 89% of the South African participants expressed a desire to leave prostitution, they also cited lack of alternative options for economic survival. Therefore, while prostitution may appear voluntary, it is not in reality a free choice made from a range of options. Hence acquiring adequate and necessary support for these women who want to escape, but who have no other economic choices, will be particularly difficult (Farley et al., 2004). It is therefore within this view of constrained choice that this study seek to understand the everyday challenges faced by women in the process of exiting prostitution, particularly within a South African context, and the factors that could help these women achieve a successful and sustained exit.

Aims

The principal aim of the current project is to identify the challenges faced by former street-based prostituted women within the lived social context of South Africa. This will hopefully highlight possible risk factors associated with the cyclical nature of re-entry into the field, commonly seen from those who have exited in the past. It will build upon previous research done through the University of Cape Town, with the information gathered being used to deepen our understanding of exiting prostitution, specifically within the unique context of South Africa.

This project also forms part of a larger study in which the principal aim is to assess the use of the Photovoice method as a means of empowerment for marginalized groups, such

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as prostituted women. Therefore, while empowerment has been noted as significant factor during the exiting process, the concept will not form part of this study.

Structure of Thesis

Chapter 1 is a review of current international and local literature, with a specific focus on 1) the context of South Africa, 2) the suggested process followed by those exiting prostitution, and 3) the known barriers to exiting that may influence this process. In Chapter 2, the chosen methodology and reasons for its use will be discussed. Included in this section will be information regarding 1) the study design, namely participatory action research, 2) techniques used, i.e. Photovoice and focus groups, 3) information regarding the research setting and sample, 4) the process of data collection, 5) details regarding how the data was analysed and 6) ethical considerations including informed consent, confidentiality, risks and benefits to participants, as well as any ethical issues regarding secondary participants. Chapter 3 looks at the results found through the analysis and discusses the possible implications these might have. The thesis will then conclude in Chapter 4, where a summary of the findings will be detailed along with the significance of the study, any possible limitations and ending with recommendations for future research.

CHAPTER ONE

LITERATURE REVIEW

Most research on prostitution to date has had an international focus with very little being done within a South African context. Within this research, however, there are currently two main areas of focus, the first concerning the contextual issues associated with prostitution and its resultant effect on those involved, and secondly the exiting process including 1) the process of exiting using behaviour change models and 2) the possible barriers faced during this process. While these will each now be discussed in turn, the unique context of South Africa within which this study is based will firstly be explored.

1.1 South Africa in Context

Prostitution in South Africa takes place within a violent (George & Finberg, 2001; Wechsberg, Luseno, & Lam, 2005), poverty-ridden (Achieng, 1999; Gaba, 1997) and oppressive society (Hutson, 2007; Mosoetsa, 2011), both in terms of race and gender borne through a long history of racial segregation and inequality. In 1809 the British first introduced a pass system aimed at restricting the freedom of movement for black³ South Africans', after which, in 1948, the official policy of apartheid or 'separate development' was introduced by the Nationalist Party (Straker, 1988). According to Straker (1988), apartheid was a system of political and social control based on racial discrimination, which was aimed at maintaining the political, economic and cultural dominance of the 'whites'. Through this

³ Under the apartheid policy, racial segregation was divided into that of 'white' and 'non-white'. Therefore, although there was further classification of the 'non-white' category into 'black' and 'coloured' with the coloured population being further subdivided into 'Indian' and 'Asian', during the course of this dissertation the black population will refer to the apartheid policy segregation of all non-whites.

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system, laws were enacted that restricted the areas in which the black population could live and created unequal educational opportunities, thereby placing a limit on occupational skills and in turn economic opportunities, keeping black people impoverished, poorly educated and frequently unemployed (Straker, 1988). It therefore normalised a great many violations of human rights (Kale, 1995). In 1994, however, when the African National Congress (ANC) came into power, apartheid was abolished. Following this, the new constitution was written in which equality is one of the fundamental basic principles which allows for affirmative action to address both gender and race inequalities (Hutson, 2007). Despite this, however, a great deal of segregation and oppression still occurs.

One way in which this can be seen is through the multitude of housing problems that South Africa still faces due to the legacies left behind by apartheid and colonialism (Victor, 2009). Although the post-apartheid government developed the Reconstruction and Development Plan, in which low cost housing is built for those unable to afford to fund their own housing, massive housing backlogs and shortages have caused the government to shift from a product-driven model, to a demand-driven approach, where quantity is far outweighing quality (Victor, 2009). As a result, according to Verster (2008) as cited by Victor (2009), the housing developments are bearing a striking similarity to the so-called matchbox houses of apartheid. Furthermore, there is the challenge of acquiring suitable and appropriate land for low cost housing near to the cities in South Africa, which in turn unwittingly reinforces the apartheid urban plans of relocating the poor to the cheapest and often furthest tracts of developable land (Victor, 2009). In addition, through urbanisation, more people now live in the cities than in the rural areas (Victor, 2009), with the cities unable to adequately respond to the growing demands of urban growth (Department of Housing, 2009) resulting in a further increase of informal settlements. These informal settlements are

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exposed to varied environmental hazards, for example fires, as they rely on natural resources, whereas their capacity to adapt to environmental dynamics remains limited, including a vulnerability to climate change exacerbated through being insecurely built on land characterised by steep slopes in danger of flooding and/or landslides (Victor, 2009). Therefore, although the eradication of informal settlements⁴ through the housing development program is seen as one of the ways in which the government can integrate the fragmented housing development sector which was created through the racial planning and zoning of the apartheid era (Department of Housing, 2007), and although post-apartheid South Africa has made admirable strides in extending these social services, for many of those still living within the townships⁵ this change has been slow to come into being (Barrar, 2010). Therefore, as can be seen, the repercussions from apartheid-enforced segregation continues to have far reaching effects with the residents residing in these areas experiencing a myriad of negative issues including health concerns such as tuberculosis and HIV/AIDS (Barrar, 2010) and high levels of crime and violence (De Lannoy, 2008) due in part to the spatial marginalization, overcrowding and generally poor living conditions (City of Cape Town, 2006).

This is then further exacerbated as the restriction of movement through the pass laws mentioned above also disallowed access to jobs (Barrar, 2010) and adequate education. While the white population had privileged access to well-funded schools, preference in the labour

⁴ An informal settlement is an unplanned settlement on land that has not been surveyed or proclaimed as residential. Consists of mainly informal dwellings, which are makeshift structures not approved by a local authority and not intended as a permanent dwelling. These are typically built with found materials for example corrugated iron, cardboard and plastic (Statistics South Africa, 2012). Also used synonymously with the term townships (see footnote 5)

⁵ Townships in South Africa are urban residential areas which were originally created for black migrant labour usually beyond the town or city limits (Statistics South Africa, 2012). Also used synonymously with the term informal settlement (see footnote 4).

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market and access to social services, the black populations were severely limited by their educational institutions and post-school employment options (Barrar, 2010; Lam & Seekings, 2005). Through this, an intergenerational cycle of poverty continues to be seen (Barrar, 2010). Furthermore, it is not only racial discrimination that has had an overspill from apartheid but also gender discrimination. While Hutson (2007) agrees that in western terms, Africa has always been impoverished and living with conflict, she expands this by ascribing a majority of the conflict to the discrimination and oppression of women. Many women throughout South Africa continue to lack formal education and vocational skills and therefore remain excluded from the job market, while those who do manage to find employment receive the lowest paying wages (Hutson, 2007). Many of these employed South African women work outside of the formal job market as domestic servants or agricultural labourers, leaving them vulnerable to the urges of their employers regarding wages and working conditions. They are forced to accept whatever conditions are thrown at them in order to keep their jobs (Hutson, 2007). However, even though it is thought that women allocate more time to productive and reproductive work, thereby providing more resources to the household than men do, this inverted role as breadwinner has not altered their bargaining power with men (Mosoetsa, 2011). In fact, it is in reaction to this powerlessness, coupled with the poor living conditions and unstable, low-paid working conditions in many mainstream jobs, that entice many women into prostitution to begin with (Gould & Fick, 2008; Manopaiboon et al., 2003). Street-based prostitution is seen as one way in which these women can gain economic power and social independence while trying to alleviate some of their poor living conditions. However, the negative effects and disempowerment it creates though constrained choice far outweighs the power achieved (Hakala & Keller, 2011). In this way a form of entrapment is felt, as they feel forced to choose a highly-stigmatized profession that is negatively regarded

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by society due to poverty, discrimination and lack of educational background (Wojcicki & Malala, 2001).

Lastly, South Africa also has a long history of violence, both political and interpersonal (Kale, 1995). During the struggle against apartheid, in order to defeat the apartheid regime, many boys became actively involved in politics which often resulted in violent protest action (Eagle & Langa, 2008). Through this, a militarised masculinity was and continues to be seen amongst many of the boys living within the informal settlements, which expected them to incorporate qualities such as being strong, brave, tough, fearless, aggressive and violent (Langa, 2010). In addition, many of the apartheid policies led to civil unrest and resultant high levels of violence in South Africa, while many laws allowed for detention without trial, brutality by riot police, beatings and torture (Kale, 1995; Straker, 1988). It is believed that the trauma's experienced by those living under the apartheid regime resembles that of World War II children (Straker, 1988). According to Jackson et al (2007), this history of apartheid state-sponsored violence and struggle for liberation has therefore contributed to what is referred to as a culture of violence, in which violence is viewed as a first line of defence for dealing with problems. This continues to be seen in South Africa today with trauma being deeply rooted within South African society (Williams et al., 2007). In their study it was estimated that nearly 75% from a sample of 4 351 South Africans had experienced some traumatic event during their lifetime, with the majority (55.6%) experiencing more than one. It was also found that those in the highest category of multiple traumas (six or more) were five times more likely to have high distress, than those with no traumas, indicating the cumulative negative emotional effect of trauma (Williams et al., 2007). This places South Africans in a unique position of increased risk for psychological symptoms and distress which significantly impacts their functioning (Carey, Stein, Zungu-

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Dirwayi, & Seedat, 2003). Furthermore, a high correlation has been found between the experiences of multiple traumatic events and in particular PTSD, depression, substance abuse and somatization disorder⁶ (Carey et al., 2003; Suliman et al., 2009). This is predominantly true of interpersonal violence (e.g. rape, domestic violence and assault) which has the strongest association with mental health (Green et al., 2000) and is most commonly reported by women (Carey et al., 2003; Gilbert, 1996). This possibly reflects their disempowered social status resulting in increased victimization (Gilbert, 1996; Williams et al., 2007).

According to the South African police statistics, 188 425 violent crimes were committed against women in South Africa for the 2008/9 year alone (South African Police Services, 2010 cited in Huysamen, 2011). The actual incidence, however, is expected to be much higher, as a large proportion of gender-based violence goes unreported, giving South Africa one of the highest rates of violence against women in the world (George & Finberg, 2001; Huysamen, 2011; Wechsberg et al., 2005). This is believed to be caused through the patriarchal society in which they live. In a study done by Petersen, Bhana, & McKay (2005), boys were found to be socialized from an early age into traditional patriarchal notions of masculinity, which then has the ability to promote and legitimize unequal gender power relations. These power dynamics, in turn, then have the capacity to contribute to the normalisation of violence against women through the unequal representation of masculine versus feminine roles (Petersen et al., 2005; Simpson, 1993). For example, social norms and social pressure, which prescribe that success and increased sexual relations with women act

⁶ Somatization is a long-term psychological disorder in which a person experiences physical symptoms, but no physical cause can be found. The pain and/or discomfort felt by people with this disorder are real and not purposefully created or faked (Vorvick, 2012).

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as a marker of masculinity (Langa, 2010), emerged as a strong factor influencing those boys/men who do not have partners to rape (Petersen et al., 2005). Furthermore, through women's unequal gendered status mentioned previously, the commodification of sex, especially while interfacing with poverty is particularly relevant. Here, sex is viewed as a commodity that can be exchanged for favours, normally food or money (Petersen et al., 2005). This transactional sex also then has a knock on effect on the high levels of sexual abuse inflicted on children (Coombe, 2002), as the abuse is often ignored or condoned due to economic dependence on the abuser. By this means, a cycle of violence is often created, as can be seen through the high correlation of previous childhood sexual abuse and entry into prostitution (see section 1.2 below) (Collins, 2010; Cooper, 1989; Farley, Baral, Kiremire, & Sezgin, 1998; Silbert & Pines, 1982). Therefore, considering the context of multiple trauma, compounded with the vulnerability of street-based prostitution (Hakala & Keller, 2011), those working in South Africa are at a particularly high risk for psychological ill health, which as discussed later, can pose as a significant barrier to exit.

It is against this background of violence, discrimination, oppression, poverty and low socio-economic status that prostitution in South Africa takes place, making what is in many ways a unique context in which these women work (Hakala & Keller, 2011; Huysamen, 2011). Couple this with the heterogeneity of the individual situations leading to and from prostitution, with its inherently harmful, marginalizing and often dehumanizing nature (see section 1.2 below), as well as the lack of resources available, of which psychiatric care is particularly scarce within the communities (Kale, 1995), and it becomes evident that the local situational context of exit is an important, necessary and valuable area to study (Hakala & Keller, 2011). In order to achieve a holistic understanding, however, it is also important to

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firstly explore the effects that working in prostitution has on those involved, and secondly the cyclical process and possible barriers faced by those wanting to exit.

1.2 Contextualising Prostitution

One of the most common themes running through a large body of research on prostitution is the violence, both physical and sexual, that prostituted women face on a daily basis (Collins, 2010; Dalla, 2000, 2002, 2006; Farley et al., 2004, 1998; Halland, 2010; Huysamen, 2011; Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002; Rekart, 2005; Ribeiro & Sacramento, 2005; Williamson & Folaron, 2003; Wojcicki & Malala, 2001). According to Wojcicki & Malala (2001), South African street-based prostituted women experience multiple and life threatening forms of oppression, attributed to the often extreme forms of physical and sexual violence commonly experienced. Prostituted women frequently report being raped, beaten, forced to have condomless sex (increasing their risk of sexually transmitted diseases) and to perform sexual acts that they find morally wrong (Farley et al., 2004; Huysamen, 2011; Rekart, 2005). Furthermore, this violence is not only experienced during unpaid sex/rape, but also within their paid interactions (Huysamen, 2011). In a South African study done by Huysamen (2011), the participants spoke of clients treating them roughly during sex, causing pain and physical damage. According to Farley et al. (2004), based on a study of prostitution in nine countries, the act of prostitution dehumanises, commodifies and fetishizes these women through an inherent power imbalance, where the client has the social and economic power to hire her to act like a sexualized puppet. The violence inflicted upon these women, also shows a physical power imbalance, which the clients abuse in order to intimidate them into compliance, or force access to their bodies. According to Huysamen (2011), through payment, clients often believe that they have bought ownership and therefore a “sex-right” over the woman so as to do as they please with them,

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and it is through the demanding of these sexual acts and other forms of violence, that clients actively degrade, humiliate and dehumanise these women, reducing them to little more than sexual objects. Furthermore, these women are also exposed to other forms of trauma. For example in Huysemen's (2011) study, it was found that the participants also experienced vicarious trauma through their identification with other prostituted women, who had had violence inflicted upon them. This was seen through the telling of stories of how prostituted friends were murdered by clients, being buried at the beach, having their throats slit, or being found with foreign objects inserted in their vaginas.

In addition to the sexual and physical violence inflicted upon them, prostitution and its related activities are currently a criminal offence in South Africa, with both the client and person selling the sex being criminalized (Gardner, 2009). Due to this criminalization and the stigma attached to prostitution, these women are often re-victimized at the hands of those meant to help them, causing them not to seek medical treatment or report these incidents to the police, for fear of further humiliation, abuse (Baldwin, 2004; Gould & Fick, 2008; Pardasani, 2005; Rekart, 2005; Williamson & Folaron, 2003; Wojcicki & Malala, 2001) and possible incarceration. This then places them at risk for further exploitation, as there have been many reports of police harassment, disrespect and brutality (Baker, Wilson, & Winebarger, 2004; Brown, Higgitt, & Miller, 2006; Ghosh, 2009; Rekart, 2005), while also placing them at further risk for violence, as they are forced to work in poorly lit or isolated areas in order to remain hidden from authorities (Wojcicki & Malala, 2001).

The violence and stigma described above therefore makes prostitution an intrinsically traumatizing activity (Farley et al., 1998). It is therefore not surprising then, that high rates of Post-Traumatic Stress Disorder have been found to be affecting those working in prostitution

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(Choi, Klein, Shin, & Lee, 2009; Farley et al., 2004; Saphira & Herbert, 2004; Willis & Levy, 2002). This, however, is just one of the many debilitating mental health issues that these women face, with PTSD symptoms, dissociative anxiety and depressive disorders being just some of the emotional consequences of prostitution (Baldwin, 2004). These psychological conditions cause significant pathology and reduced psychological functioning in multiple domains, with far reaching effects. For example, it has often been seen that within the context of prostitution, since these women have seen so much more violence compared to those who have not worked within the field, its impact becomes denied and their continued risk of injury underestimated (Baldwin, 2004; Farley et al., 2004; Rabinovitch & Strega, 2004). Thus a possible consequence might be, that through the years of minimizing the assaults, coercions and losses so inherent in prostitution, these women may begin to feel that their difficulties are minor or possibly even self-inflicted, whereby leaving them unwilling to access much needed services or support (Baldwin, 2004). Another possible effect might be, that in order to numb the negative physical and emotional reactions, they could begin to abuse substances such as alcohol or drugs (Baldwin, 2004) as a form of self-medication. It is a common misconception that most prostituted women enter into the work as a means to support a drug habit; however, many studies have actually shown, that recreational drug use is in fact increased from recreational to functional use and possible dependence only after entry into prostitution (Baldwin, 2004; Farley et al., 2004; Williamson & Folaron, 2003). In fact, it is this change in the reason for substance use that creates a form of entrapment for these women, as they are now not only working for economic survival but to also to support their addiction (Baldwin, 2004; Williamson & Folaron, 2003).

Secondly, through the nature of prostitution, these women are often at a higher risk for certain health problems more than others. In a study conducted by Baker et al (2004), the

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health problems reported included amongst others respiratory problems, epilepsy, headaches, sleeping and emotional problems, diabetes, pyuria, unwanted pregnancy, breast lumps, yeast infections and fibroids. The most common health problem, however, is related to an increased risk of contracting sexually transmitted diseases (STDs) (Swendeman et al, 2009; Wojcicki & Malala, 2001). These include infections such as gonorrhoea, chlamydia, syphilis or genital warts (Parriot 1998, cited in Carter & Giobbe, 1999). Condom use varies among sex workers (Rekart, 2005) and although commonly used, with the high incidence of violence and rape as well as clients demands, these women are sometimes forced to have condomless sex (Huysamen, 2011; Wechsberg et al., 2005; Wojcicki & Malala, 2001) whereby placing them at higher risk, with complications such as pelvic inflammatory disease and ectopic pregnancies arising from these STDs (cited in Rekart, 2005).

Prostitution also places these women at a particularly high risk for HIV/AIDS (Rekart, 2005; Wojcicki & Malala, 2001). In addition to the reasons mentioned above, these STDs can also act as a co-factor to HIV transmission (Holmes, 1994; Rekart, 2005), while having frequent intercourse can also cause genital trauma, whereby placing them at an even higher risk (Seidlin, Vogler, Lee, Lee, & Dubin, 1993). This also serves to increase the marginalization and stigma attached to these women, particularly with reference to prostituted women who are also infected with HIV/AIDS (Wojcicki & Malala, 2001). Finally, a heightened exposure to the hepatitis A or herpes viruses is also present, due to any anal-oral contact (Rekart, 2005).

Thirdly, violence against prostituted women can also arise from many sources, circumstances and situations outside of the actual sexual work they are engaged in, and can assume many other forms besides physical and sexual injuries (Ribeiro & Sacramento, 2005).

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One of the most prominent forms, which has been highlighted through research, is the underlying stigma that surrounds these prostituted women (Huysamen, 2011; Ribeiro & Sacramento, 2005; Williamson & Folaron, 2003). This stigma is evidenced in reports of their experiences with clients, family, law enforcement, community members and health professionals, even when they are not working. It is thought that prostituted women are one of the most highly stigmatized groups, which can in turn have an adverse effect on their identity formation (Crawford, Kippax, & Lawless, 1996) particularly in relation to their gender (Oselin, 2009). In fact, Gabriela Leite (1998) went as far as to say, that the greatest violence inflicted on the prostitute is the prejudice against her activity and the stigma attached to it (cited in Ribeiro & Sacramento, 2005). Regardless of the type of prostitution or mode of delivery, be it involvement in pornography, 'massage parlours', escort agencies or street-based, the selling of sex is typically viewed in a negative light and is stigmatizing to all those involved (Cecilia Benoit, Jansson, Millar, & Phillips, 2005; Brock, 1998; Davis & Shaffer, 1994). While it is thought that the origin of the stigma surrounding prostitution is possibly related to long held beliefs around appropriate sexuality and sexual behaviour, prostitutes also become easy targets for discrimination as they are able to be blamed for things such as the breakdown of the 'traditional family', increased distribution of sexually transmitted diseases, increased crime in the areas that they work and the subversion of youth (University of Victoria, 2012). Furthermore, the social, religious and cultural norms against exchanging money for sex, as well as perceptions around appropriate gender roles (Sakara et al., 2010; University of Victoria, 2012), create a situation in which the prostituted woman becomes labelled as deviant and where the negative stereotype then becomes the person's sole defining characteristic (University of Victoria, 2012). This can then lead to both 'self-stigma' through acceptance of condemnation of society (Sakara et al., 2010) as well as 'enacted stigma' through the rejection by others (Cecilia Benoit et al., 2005). It is this stigmatization, social

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exclusion and discrimination in their daily lives, that often leads these women to withdraw from community life, which in turn leads to isolation and despair (Ribeiro & Sacramento, 2005) while contributing to their already low self-esteem (Hester & Westmarland, 2004). Furthermore, this social isolation is also once again re-enforced at institutional level, through the discrimination and abuse experienced when dealing with law enforcement, social workers or medical professionals, as previously mentioned.

Psychological research has shown that stigmatization can have a direct impact on one's identity, self-esteem and sense of community belonging (Howarth, 2002a, 2002b, 2004). In Howarth's (2002) studies of a marginalized community, namely adolescents from an underprivileged area in London, she shows that one of the results of stigmatizing representations was the participant's use of dissociation tactics as a self-protection strategy, in order to distance themselves from the stigma. This however meant that the stigmatization went unchallenged and in turn was reinforced through their self-stigmatization and negative self-image (Howarth, 2002a). In prostitution, it is possible that these disabling dissociative symptoms could also have a functional use, as the more dissociated a woman is, the better she can perform as a fantasy object for clients, as well as protect herself psychologically during the actual prostitution transaction (Baldwin, 2004). As described by Carter & Giobbe (1999),

The repeated act of submitting to the sexual demands of strangers, with whom she wouldn't otherwise choose to engage, in even the most superficial of social interactions, necessitates that a woman alienate her mind from her body. To be a prostitute is to be an object in the marketplace: a three-dimensional blank screen,

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upon which men project and act out their sexual dominance (cited in Baldwin, 2004, p.293).

Furthermore, the multitude of deviant labels attributed to a prostituted woman's sexuality, morality, femininity and criminality as a result of the wrongly attributed sexual stigma, can have lifelong negative effects even after their exit from the sex trade (Crawford et al., 1996; Sanders, 2007). According to Sanders (2007), the stigma and resultant need for secrecy may create barriers to mainstream employment as there may be gaps in the working history section of her curriculum vitae, as well as an inability to attribute important transferrable business skills gained during her work in prostitution. As a result of these connected issues, including self-esteem, stereotyping, ostracisation and presumed links to other criminal behaviours, stigmatisation can have an adverse effect on successful exit.

Finally, research has shown that many women entering into prostitution have been the victims of previous child abuse (Collins, 2010; Cooper, 1989; Farley et al., 1998; Keller & Hakala, 2011). In Silbert and Pines (1982) study, sixty percent of their participants had been sexually abused, or victimized by incest, while ninety percent of these women had lost their virginity in the abuse. It is thought that sexual abuse can distort a child's emotional ability, while leading to misconceptions about sex (Browne & Finkelhor, 1986). For these women and/or those who started working from a young age, the developmental and social steps usually taken during adolescence and young adulthood, were sacrificed to years of compulsory sex with strangers (Baldwin, 2004). According to Carter & Giobbe (1999) in their study done in the United States, a girl who enters prostitution at fourteen will have submitted to the sexual demands of four thousand men before she is sixteen, eight thousand men before she is old enough to vote and twelve thousand men before she is twenty one. This

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may in turn cause “functional limitations” in these women, affecting areas such as activities of daily living, social functioning and concentration (Baldwin, 2004). This impaired functioning can be seen through a history of altercations including evictions, fear of strangers, avoidance of interpersonal relationships and increased social isolation (Baldwin, 2004).

Prostituted women therefore, are exposed daily to a multitude of serious harms including that of violence, discrimination, drug use, disease, criminalization, stigma and exploitation (Baker, Dalla, & Williamson, 2010; Brown et al., 2006; Burnes, Long, & Schept, 2012; Cimino, 2012; Collins, 2010; Cornish, 2006; Dalla, Xia, & Kennedy, 2003; Farley et al., 2004; Nixon et al., 2002; Pardasani, 2005; Rabinovitch & Strega, 2004; Rekart, 2005; Ribeiro & Sacramento, 2005; Sanders, 2005; Williamson & Baker, 2009; Williamson & Folaron, 2003; Willis & Levy, 2002; Wojcicki & Malala, 2001). Although many women currently working in prostitution would like to exit, the process of exiting is not always so clear cut. In light of the above, it is not surprising that these women tend to feel a sense of disempowerment (Cornish, 2006; Rekart, 2005; Wojcicki & Malala, 2001) and immobilization, making any form of change extremely difficult. Therefore in order to try and fully understand what is needed by those wanting to leave prostitution, and achieve a sustained and successful exit, the process of exiting and identified barriers also need to be examined.

1.3 Exiting Prostitution

In research that focuses on exiting prostitution, a cycle is often noted with many women returning to prostitution after having left. This means that often an entry-exit-re-entry cycle can be seen (Keller & Hakala, 2011), highlighting the exit from prostitution as a

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complicated process and not a clear cut singular, spontaneous event (Dalla, 2006). In noting this complexity of the exiting process, Baker et al (2010) suggest a framework that takes into account the different variables that challenge the exiting process, as well as allowing for the understanding and prediction of the relationships between them. This six stage model, termed the *Integrative Model of Exiting*, is based on four models of behaviour change, two general (see Fuchs Ebaugh, 1988; Prochaska, Diclemente, & Norcross, 1992) and two prostitution-specific (see Månsson & Hedin, 1999; Sanders, 2007), barriers to exiting, prostitution literature and the author's personal experience with prostituted women (Baker, Dalla, & Williamson, 2010). It therefore allows for a comprehensive and exhaustive view, while providing a solid foundation for continued research on the exiting-process of street-level prostituted women (see Baker et al, 2010). Therefore, in order to try and fully understand the nature of the exiting process, firstly *The Integrative Model of Exiting* will be discussed, followed by an overview of the identified possible barriers that these women face during the exiting process.

1.3.1 The Integrative Model of Exiting. The Integrated Model of Exiting is comprised of six stages, namely immersion, awareness, deliberate preparation, initial exit, re-entry and final exit (see Figure 1).

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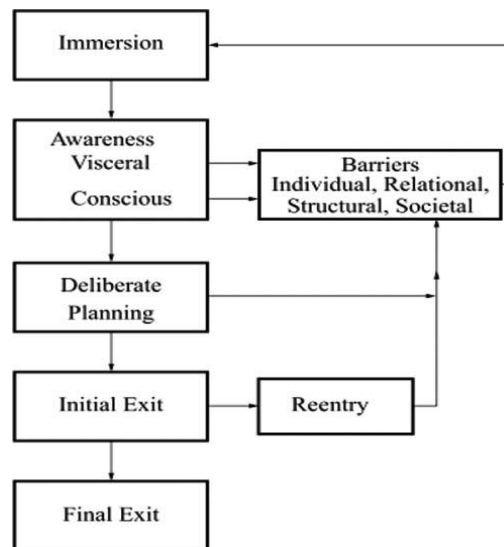


Figure 1: Baker et al (2010), *The Integrative Model of Exiting*

During the *immersion* stage, the woman is seen as being totally immersed within prostitution, with no desire to exit, or conscious awareness of needing a change. It is found that this stage is different for everyone, with the length of time spent in it varying from a few months to many years, with some women never moving beyond it (Dalla, 2006). It is therefore seen as the initial stage or starting point from which to work.

For those who do move beyond the initial stage, the second stage, or *awareness*, then follows. Firstly *visceral awareness* is achieved, where the prostitute slowly starts to realise that the work is not all she originally thought it would be. This awareness is usually experienced more subconsciously as a feeling, and therefore may sometimes be ignored or denied, thereby returning the woman back to the first stage of complete immersion. Once again, this stage is seen as differing for each individual with the time spent in it being varied. However, should the woman not deny these 'feelings', they start to move into *conscious awareness*. Here she is able to acknowledge these feelings and process them consciously. It is during this time that she may start to discuss her feelings with others, thus possibly accepting them and making them more concrete.

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Deliberate preparation or planning is then seen as the third stage in the model, where the women first assesses and then makes initial contact with possible forms of support. This is done through perhaps contacting formal support providers within her community and city, while also speaking to friends and family about a possible life outside of prostitution. This stage is characterised by cognitive processing and information gathering; although some action is evident, very little actual behavioural change occurs. During this stage, her personal initiative and abilities will greatly influence the length of time spent here, especially considering the reasons for her desire to exit, i.e. whether she is acting of her own free will or is being forced by others (e.g. the justice system or significant others).

Once the initial contact has been made with both informal and formal support services and the woman begins actively using them, she is seen as entering the *initial exit* or fourth stage. This may be evidenced, for example, as attending support groups, entering substance abuse programs, or moving in with family members. Although the preparation done in the previous stage may be crucial to her success in this stage, it is also important to note that the individual context in which she lives, may differ from others. While some communities may have ample, readily available resources for those looking to exit prostitution, others may have few or none at all. In addition, it is not only the access that proves critical at this stage, but also the woman's reception of the services offered. Should she not be open to the behavioural changes and work required of her from these support services, it is likely that she will stop utilizing them and eventually return to prostitution. In this way, the woman's internal desire, resources and strength are strongly tested. It is therefore during this stage that the vulnerability of the process, and reality of the entry-exit-re-entry cycle of exiting prostitution is seen.

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For those who unfortunately do not manage to find a life outside of prostitution enter into the fifth or *re-entry* stage of the model and possibly a complete re-emergence back into the sex industry. Two developmental experiences with the exit process have, however, been noted. Either she will recycle through each of the previous stages again, but with greater contemplation and/or deliberate preparation strategies, due to the previous knowledge she has gained or alternatively she may get stuck in the sex trade, due to feelings of previous failure which may then result in a further decrease in her self-esteem. This would compromise her confidence, initiative, coping skills and internal resources, causing her difficulties when having to engage with deliberate preparation again. Therefore, although prostituted women may show a desire to exit, their lack of behavioural action means they are not recognised as wanting to exit or in need of support services.

For those who do manage to re-engage with the process however, then enter the sixth and final stage, namely *final exit*. This occurs once the woman has been able to make significant and often life-encompassing changes within all aspects of her life, i.e. in her identity, lifestyle, habits and sources of support. This, however, will most often only be achieved after a series of exit-re-entry cycles, due to the extensive barriers to successful exit that these women experience during each stage of the exiting process, with some women even returning to prostitution after long periods of absence.

1.3.2 Recognised barriers to exiting prostitution. Women looking to exit prostitution face many complex and extensive barriers within their daily lives which impede their exiting attempts. While much research has been done on the individual barriers (Cimino, 2012; Cimino, 2013; Dalla, 2006; Farley et al., 2004; Hedin & Månsson, 2004; Keller &

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Hakala, 2011; Manopaiboon et al, 2003; Mayhew & Mossman, 2007; Rabinovitch & Strega, 2004; Sanders, 2007; Saphira & Herbert, 2004; Swendeman et al., 2009), Månsson & Hedin (1999) provide a useful three-tier framework for organising the myriad of barriers identified. These tiers were the three main areas into which the various specific barriers fell, namely individual factors, relational factors and structural factors. Baker et al (2010), then later expanded upon these tiers, by including a fourth tier for societal factors. This was to incorporate the social perceptions of prostituted women which have been found to have a profound effect on the other three areas (Baker et al., 2010). It is within these four tiers that the predominant barriers, known to affect the exiting process of these women, will now be discussed.

1.3.2.1 Structural factors. According to Månsson & Hedin (1999), structural factors are those that are related to the societal circumstances in which the women have found themselves, with economic necessity being one of the most widely cited structural barriers faced by these women (Brown et al., 2006; Cimino, 2012; Dalla, 2006; Gould & Fick, 2008; Hakala & Keller, 2011; Manopaiboon et al., 2003; Mayhew & Mossman, 2007; Saphira & Herbert, 2004; Williamson & Folaron, 2003). In fact it is believed that economic factors have the largest influence over a women's initial entry, decisions to remain in, leave, or re-enter prostitution (Manopaiboon et al., 2003). Alternative employment opportunities, especially ones that are able to offer equivalent financial gain, are often very scarce, especially when compounded by a lack of education, training and skills which is found to be so commonplace (Brown et al., 2006; Gould & Fick, 2008; Hester & Westmarland, 2004; Manopaiboon et al., 2003; Sanders, 2007). This often leaves them vulnerable to feelings of having no other choice but to re-enter into prostitution. In addition, there is also a component of these women being addicted to the 'instant lifestyle' provided by the lucrative sex industry (Benoit & Millar,

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2001, cited in Keller & Hakala, 2011). These economic factors have a direct impact on the provision of one's basic needs, which in turn impacts on various areas of one's life including health, safety, welfare, agency and social status (Hester & Westmarland, 2004; Statistics South Africa, 2012). An example of this is the provision of safe and affordable housing, which has also been noted as a significant barrier to exiting in current literature (Dalla, 2006; Hester & Westmarland, 2004; Manopaiboon et al., 2003; Mayhew & Mossman, 2007; Rabinovitch & Strega, 2004; Sanders, 2007).

Another example of structural factors causing barriers to exit is access to adequate formal support services. When looking at the effects of prostitution on one's physical and mental health (see section 2.1 above), it can be seen that a variety of support services are needed for these women. Examples of this would include, with others, substance abuse programs, general health care, psychological counselling, vocational and life skills training, supportive housing and employment assistance (Dalla, 2006; Farley et al., 2004; Hakala & Keller, 2011; Hedin & Månsson, 2004; Månsson & Hedin, 1999; Mayhew & Mossman, 2007; Rabinovitch & Strega, 2004; Sanders, 2007). In addition, due to the varying individual needs and experiences of these women, both in their lives before and during prostitution, multiple and differing interventions need to be made available to each individual, so as to meet these needs (McClanahan, McClelland, Abram, & Teplin, 1999; Rabinovitch & Strega, 2004; Sanders, 2007). Should these services be inadequate or not readily available, it could pose as a significant barrier during the exiting process.

1.3.2.2 Relational Factors. Relational factors involve the women's close relationships and how these informal social networks have functioned during the process of change (Baker et al., 2010; Månsson & Hedin, 1999). One of the most important factors in facilitating a

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successful and sustained exit from prostitution has been identified as positive informal support from family (Hedin & Månsson, 2004). This, however, can often prove to be difficult, as for some women, family members were responsible for their involvement in prostitution to begin with (Kennedy, Klein, Bristowe, Cooper, & Yuille, 2007), while others hide what they were doing from friends and family due to the stigma and feel uncomfortable later asking for help (Collins, 2010; Mayhew & Mossman, 2007). Furthermore, research has shown a high correlation between childhood abuse and entry into prostitution (Collins, 2010; Cooper, 1989; Farley et al., 1998; Hakala & Keller, 2011). This means that often the family relationship was previously lost due to the breaking of ties, so as to make a necessary escape from the abusive environment (Hakala & Keller, 2011). Therefore, family relationships tend to be strained, or lacking, for a large proportion of these women (Dalla et al., 2003; Williamson & Folaron, 2003).

Although there is variance between women regarding the amount of support received, one area in which this is particularly varied is in their relationship to men (Månsson & Hedin, 1999). This however often depends on where the woman finds herself in the course of her life, either during prostitution or her break away from it, with some relationships being the actual cause for change while promoting healing (Manopaiboon et al., 2003; Månsson & Hedin, 1999). On the other hand, however, these relationships have often continued to be destructive within their lives (Månsson & Hedin, 1999). In the study done by Hakala & Keller (2011), it was found that while the women were often able to exit for longer periods with the help of a husband or boyfriend, who could financially provide for them, it would mean that the relationship was still characterized by a form of exchange of sexual services and domestic work, in return for support. This meant that their professional life would merge with their private life, exemplifying the assumption that women are available for sex

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(Cooper, 1989; Hakala & Keller, 2011), and therefore making a clean break from prostitution particularly difficult.

Another important relationship for prostituted women, is the one with her children. While research has shown that a women's relationship to her children can often be a crucial incentive for change and provide a good source of support (Månsson & Hedin, 1999; Swendeman et al., 2009), it can also place a further burden upon her in the presence of the pressures and demands of motherhood (Hakala & Keller, 2011). Therefore, as can be seen, the majority of women, while in the process of exiting prostitution, tend to need more help and support than their own network is able to offer, making the need for formal support structures (as referenced above) to be in place and readily available particularly important (Månsson & Hedin, 1999). According to Hedin & Månsson (2004), while it is important to repair relationships with their family, children and men, it is also the ability of the women to change social networks that forms an integral part in her continued success away from prostitution.

1.3.2.3 Individual Factors. These are the factors that relate directly to the woman's own personal drive and abilities (Baker et al., 2010; Månsson & Hedin, 1999). While it is important to have access to external resources, it is the woman herself who is going to have to use her personal drive in order to break away from prostitution and utilize them. While the women's process might be hindered by a variety of destructive behaviours, which often reflect helplessness and stagnation on the one hand, she also needs certain strengths, such as agency, initiative and creativity, in order to exit (Månsson & Hedin, 1999). According to Månsson & Hedin (1999), it is these strengths which allow the individual, against all odds, to stop a downward life spiral and continue striving for a better life.

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There are numerous individual factors that can act as a barrier to exiting street-level prostitution, the first of which are psychological trauma and mental health issues whether caused from a life in prostitution, as discussed above, or from trauma experienced previously (Dalla et al., 2003; Farley et al., 2004; Hester & Westmarland, 2004; Silbert & Pines, 1982). Research has shown that the opportunity to begin healing old wounds is vital to facilitating a successful and sustained exit from prostitution (Choi et al., 2009; Månsson & Hedin, 1999; McClanahan et al., 1999; Rabinovitch & Strega, 2004; Saphira & Herbert, 2004). While it is therefore important to have access to mental health professionals, it is also thought that as a woman continues to face challenges, as old lifestyle habits conflict with her new role, through the incorporation of these more conventional lifestyles they start to heal from the traumas suffered while prostituting (Cimino, 2012). Either way, it is important that the women work through their problems, both emotionally and cognitively, so as to understand the experiences in their lives as prostituted women (Månsson & Hedin, 1999).

In line with this, another possible barrier to exiting prostitution is the women's self-destructive behaviour and in particular, substance abuse (Baker et al., 2010; Brown et al., 2006; Hester & Westmarland, 2004). As mentioned previously, substance abuse is often used as a form of escape and numbing from the harmful effects of prostitution (Baldwin, 2004). This, however, often turns into substance dependence, where the woman's ability to stop taking substances is compromised, creating a barrier to exiting. For these women, it will be important to have access to treatment facilities, as dealing with addiction has been seen as a crucial first step toward exiting, as it often forces prostituted women back into the work (Mayhew & Mossman, 2007).

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Finally, low self-esteem is characteristic of those working in prostitution (Burnes et al., 2012; Farley et al., 1998; Rekart, 2005; Sanders, 2005; Williamson & Folaron, 2003; Wojcicki & Malala, 2001), which in turn can have an effect on the woman's agency and motivation to continue to struggle for a better life (Månsson & Hedin, 1999). It is often seen that the sex industry is the only 'profession' that they can work in (Wojcicki & Malala, 2001). This is closely linked to Hedin & Månsson's (1999) belief in the importance of the women's ability to dream and fantasize about another, better life for herself. According to them, often those who have experienced a great deal of frustration and disappointment find it very difficult to dream or plan for the future, for fear of another failure. Being able to imagine another life, and think about how this life can become a reality, may be a crucial survival strategy (Månsson & Hedin, 1999) and motivation. It is important for these women to believe that it is possible to exit, and that they will be supported through the process (Rabinovitch & Strega, 2004). In addition, these feelings of low self-esteem, guilt and shame can have an impact on the woman's coping strategies, making them more fragile or unable to fight for themselves against potential external factors (Hedin & Månsson, 2004).

1.3.2.4 Societal factors. Examples of societal factors which may create barriers towards exiting prostitution include that of stigmatization and discrimination, both of which, as previously discussed, these women often face on a daily basis (Baker et al., 2010, 2004; Brown et al., 2006). Prostituted women often experience a more general level of complete alienation from society as a whole (Brown et al., 2006) and particularly when interacting with various institutions (e.g. hospital, police and social services). These interactions in the past, have been characterized by a negative experience, one that is often punitive or hostile (Rabinovitch & Strega, 2004). This may then cause them to become reluctant to approach services, as they feel they may be judged and stigmatised should they disclose their

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involvement in prostitution (Mayhew & Mossman, 2007), thereby repeating their earlier negative interactions (Rabinovitch & Strega, 2004). This marginalization, may cause the woman to feel that society will never accept a former prostituted women, causing her to try hide her past by removing all traces of it. This then reinforces a feeling of social exclusion and isolation (Månsson & Hedin, 1999), adding to her already low self-esteem and further immobilizing her.

1.4 Conclusion

Therefore, as can be seen from above, the exiting process from prostitution is a complex and involved one, which needs to take into account a myriad of factors. While a large body of the predominantly international research has focused on a variety of these factors, exploring the experiences of these women while working with the resulting physical and sexual violence, oppression, gender discrimination, socioeconomic inequalities, stigmatization, social exclusion, ostracism and prejudice (Collins, 2010; Cornish, 2006; Halland, 2010; Huysamen, 2011; Rekart, 2005; Ribeiro & Sacramento, 2005; Williamson & Folaron, 2003; Wojcicki & Malala, 2001), as well as the process of exiting and possible barriers faced, very little focuses on their everyday lives while “off duty” and the challenges faced within their communities. This is especially true in South Africa, where as discussed, prostitution takes place within a unique context, and where in general, prostitution is a particularly under-researched area. This research project will therefore seek, through the use of the Photovoice method, to identify and showcase how these women, currently identified to be within an exit cycle from prostitution, represent and understand the subjective challenges faced within the daily lived realities of their communities within a South African context, and in light of the identified barriers that prostituted women face, the possible impact this might have for a successful and sustained exit from prostitution will be discussed.

CHAPTER 2

METHODOLOGY

2.1 Aim of current research

The aim of the current project was therefore to identify the everyday challenges faced by former street-based prostituted women, within the lived social context of South Africa. Through this, possible risk factors associated with the cyclical nature of re-entry into the field, commonly seen from those who have exited in the past will be highlighted and the impact this might have for re-entry into prostitution discussed. The information gathered will be used to build upon previous research done through the University of Cape Town, whereby broadening our understanding of this under-researched population, while deepening our knowledge of the exiting process of prostitution within the unique context of South Africa.

This project also forms part of a larger study in which the principal aim is to assess the use of the Photovoice method as a means of empowerment for marginalized groups such as prostituted women. Although the role of empowerment will not be discussed in detail during the course of this study, the methodology used will also incorporate an empowerment component so as to include this.

2.2 Study design and technique

2.2.1 Participatory Action Research. So as to remain within the design of the larger project, which focussed on empowerment, the study was constructed within a qualitative, participatory action research (PAR) approach. Participatory action research is a framework for using the processes and outcomes of research, in order to build the social and material

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infrastructure necessary for institutional change (Stoudt, 2007, cited in Baillie, 2013).

According to Terre Blanche et al (2006), the outcomes of a participatory action research project are a better understanding of a problem, successful action to eliminate a problem and raised awareness in people of their own abilities and resources, in order to mobilize them for social action (p. 438). This in turn allows for a process of empowerment, which is another key principal of PAR (Terre Blanche, Durrheim, & Painter, 2006). Therefore, as the current research aims were to 1) explore how South African street-based prostituted women, within this context of South Africa represent the challenges faced within their communities, and 2) form part of a larger project with the principal aim of empowerment assessment, this project is consistent with the goals of PAR.

Through PAR, knowledge creation is attained through communal participation so as to allow for the researcher to know ‘with’ rather than know ‘about’ the participants (Terre Blanche et al., 2006). This allows for a deeper understanding of what the problems within a certain research sample might be, instead of being defined by the researcher, creating less of a chance for misinterpretation, as well as a deeper knowledge and understanding of the identified issues. This is achieved through a research process which is reciprocal, where the participants are not just seen as objects to be studied and used for data collection, but are rather valued and respected for their knowledge and input (Baillie, 2013). It is a ‘bottom-up’ approach (Campbell & Murray, 2004; Minkler, 2000; Terre Blanche et al., 2006) ,whereby the participants are seen as the experts in their own lives and the researcher takes on more of a facilitator role. Through this, it is implied that the power be transferred from those who were originally dominant in the research process (e.g. the researcher, institutions and disciplines) to those who were previously more secondary (e.g. the participants) (Chambers, 1994). According to Campbell & Murray (2004),

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It has the potential to allow for ordinary people to add their voices, and contribute their views to debates about the kinds of social changes that need to be made, and how best to implement these. Active citizen participation has a strong role to play in struggles for social change (p.14).

Thus PAR involves community members throughout the research process, which in turn allows for data which is authentic to community experience and in turn action (e.g. intervention) which is appropriate and has contextual meaning (Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009). Through this more collaborative process, the power dynamic between the researcher and the researched, which is usually created through the more traditional methods, is mediated (Terre Blanche et al., 2006) as participants take on more of a researcher role. This allows for small marginalised communities to become empowered to make demands in their on-going struggle for rights and resources and where possible, in working together with others, to promote the process of empowerment (Campbell & Murray, 2004). Therefore through PAR, empowerment is derived from the process as it allows the participants to view themselves as worthy of voicing opinions, and/or possibly able to make a difference within their own lives or that of their community (Terre Blanche et al., 2006).

Therefore, although unable to remain fully within a PAR approach with regards to the research question and methods of analysis, in order to remain within the bottom-up, PAR approach of the larger study, during the course of this project, instead of using the more traditional question and answer interview and survey formats, a collaborative process was achieved firstly, through the use of the Photovoice method, where the participants collected

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the data through the taking of their own photos (see section 2.2.2.1 below) and secondly through focus groups where discussions were encouraged (see section 2.2.2.2 below).

Lastly, while the importance of the participant's expert knowledge has been addressed, it is also important to note that the researcher brings his/her own expertise and skills to the process, such as sample identification, appropriate method use and knowledge gained from previous studies. It is through the joining of these that the partnership is created. In this way, the researcher is then required to confront his/her own history, bias and experience and how this might affect their own view and experience in the world and/or influence the research process (Baillie, 2013). Acknowledging the researcher in his/her own right allows for exploration of issues around reflexivity and meaning-making (Terre Blanche et al., 2006). This is particularly relevant when researching such a sensitive and highly stigmatized topic such as prostitution.

2.3 Techniques

In order to remain within the PAR approach of participation and social action, the Photovoice method and focus groups were used.

2.3.1 Photovoice. Photovoice has been shown to work within a variety of settings and projects (Hergenrather et al., 2009) with photographs providing an easily accessible and familiar medium in which to engage with participants from a variety of backgrounds (Baillie, 2013). It is accessible to anyone who can learn to use a digital camera and moves beyond language or literacy barriers (Wang & Burris, 1997). In Photovoice participants, after training, are guided in the generation of a story or narrative to accompany a particular photo taken and selected by the participant, illustrating what the picture means to them. Through

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this, an attempt is made to move beyond mere descriptions of the photograph, but rather encourage critical reflection (Palibroda, Krieg, Murdock, & Havelock, 2009), thereby allowing for a more thorough understanding of what the photographer's motivations were in taking the photo (Wang & Burris, 1997). Allowing the participant to firstly choose what to photograph and then provide the narrative enables the generation of more authentic data by assisting the researcher to view the participants world through the participants eyes (Noland, 2006). It enables them to identify, define and enhance their community according to their individual concerns and priorities, and not as perceived by the researcher (Wang & Burris, 1997). It therefore allows for a deeply collaborative process, where the participants are able to immerse themselves fully within the data collection and allow for co-learning between researcher and participants (Hergenrather et al., 2009).

Photovoice was designed by Wang & Burris (1994) as a participatory method using Freire's educational approach to critical consciousness, feminist standpoint theory and documentary photography. It has been described as a method that reveals real life experiences and empowers marginalized individuals (Foster-Fishman, Nowell, Deacon, Nievar, & McCann, 2005; Palibroda et al., 2009; Strack, Lovelace, Jordan, & Holmes, 2010). According to Wang & Burris (1997), Photovoice has three main goals. These are, 1) to enable people to record and reflect on their community's strengths and concerns, 2) to promote critical dialogue and knowledge of issues through the discussion of their photographs, and 3) to reach policy makers. Through this process, participants are provided with a unique opportunity to document and communicate those aspects of their lives which are important to them (Foster-Fishman et al., 2005). It allows for participatory action and through it power dynamic reduction, by creating a way for participants to represent their own lived experiences, rather than having their stories interpreted and told by others (Wang, 1999).

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Once again, this is particularly important when working with marginalized populations such as prostituted women. It has the potential to empower these marginalized individuals by sharing their wisdom and experience through the use of words and photographs in such a way as to reach other prostituted women, community members, and decision-makers while possibly providing an opportunity to implement positive change within their communities. This in turn helps the researchers and policy-makers develop a broader and more inclusive understanding of the issues in question (Palibroda et al., 2009). Photovoice therefore has the ability to facilitate change at an individual, group and community level (Morsillo, J & Prilleltensky, I, 2007, cited in, Baillie, 2013). According to Catalani & Minkler (2010), it is hypothesized that this occurs through the positive relationship between empowerment and the processes of partnership and community participation, intensive training, and in particular, the interactive cycle of research, discussion, and action (see Figure 2). In studies done by Foster-Fishman, Nowell, and Deacon (2005) and Carlson, Engbretson, & Chamberlain (2006), on the impact of Photovoice, it was found that active participation throughout the project, measured by an overall participation score, facilitated an increased impact on empowerment. The impacts ranged for example “from an increased sense of control over their own lives to the emergence of the kinds of awareness, relationships, and efficacy supportive of participants becoming community change agents” (Foster-Fishman, Nowell, & Deacon, 2005, p.275). This was further counter-supported through studies, for example by Grosselink and Myllykangas (2007), in which the participants were not actively engaged throughout the research, documentation or discussion and subsequently there were no reports of empowerment. Photovoice was therefore deemed an appropriate method for use in this project, as it is in line with the PAR principals of participation, co-learning, empowerment and social action. (Wang & Burris, 1997).

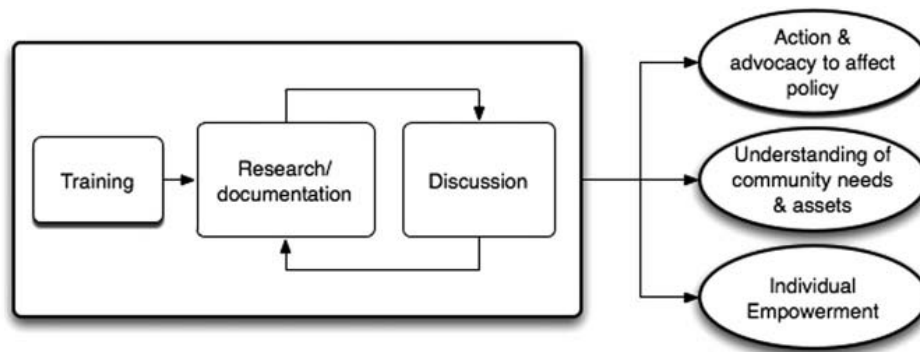


Figure 2: Photovoice Impact Model (Catalani & Minkler, 2010)

2.3.2 Focus Groups. As focus groups encourage discussion, critical reflection and exploration of shared meaning, they allow access to more than what would usually be shared through alternate forms of data collection, such as interviews or surveys. By allowing the participants to challenge, qualify and extend on others' opinions within the group, it facilitates further exploration within the research (Willig, 2001) while providing richer data (Frith, 2000). It also allows for a more natural setting, thereby facilitating a more natural communication and language process between the participants themselves, as well as with the facilitators including joking, arguing and disagreeing (Frith, 2000; Wilkinson, 1999, cited in Keller, M & Hakala, 2011). By this means, a decrease in the power dynamic usually inherent in research can be achieved, as a shift in the focus from being researcher-led to participant-led is encouraged, while allowing for validation of the participants' views (Hakala & Keller, 2011; Montell, 1999). It allows the participants to explore and direct the discussion to themes they find relevant, while also being able to express their feelings (Wilkinson, 1999, cited in Keller, M & Hakala, 2011). Focus groups therefore show to be an effective method of data collection within the PAR approach and thus appropriate for this study.

2.4 Research Setting and Sample

The project was run in collaboration with *Embrace Dignity*, which is a Cape Town based NGO working with prostituted women. Although they recognise that men are also prostituted, they have chosen to focus particularly on women, as they believe that in South Africa women are abused through a repressive, patriarchal system. They therefore view prostitution as a form of sexual exploitation and gender-based violence, and advocate for the legal and political recognition of the harm inherent in selling sex. In addition to this, they also provide support for these women through different programs, in order to help facilitate a successful and sustained exit from prostitution.

In 2010, influenced by a support and advocacy organization in India named *Apne Aap*, a support organisation, *Masiphakameni*, was formed. Working together with *Embrace Dignity*, *Masiphakameni* is a self-empowerment, self-help and self-led system for women looking to exit prostitution. Through this organisation three small self-empowerment groups were developed in Langa, Mfuleni and Cape Town central respectively. As shown in the review of current literature, exiting prostitution is often a cyclical process, with many women, after having left, returning to prostitution. These groups therefore meet weekly with the aim of assisting prostituted women, currently within the fourth or initial exit stage of the *Integrated Model of Exiting*, to overcome some of the possible individual and structural barriers to exiting and gain the necessary psychological, emotional and practical resources to exit successfully. In November 2012, nine women chosen from within these groups were invited to join a ten month leadership training program initiated by *Embrace Dignity*. These applicants were selected on the basis of their recognised leadership potential, commitment to exit prostitution, effective communication skills and proficiency in English.

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In conjunction with the University of Cape Town's Psychology Department, a research study is currently being conducted in which a participatory needs analysis of this leadership program is being assessed through the use of the Photovoice method. As this project formed part of this needs analysis, the nine women involved within the leadership program formed the original purposive sample. During the course of the project, however, Embrace Dignity was unfortunately continually unable to contact one of the participants through various methods tried. It was thus understood that she had decided to leave the leadership program and therefore also the study.

The final sample therefore included a total of eight black African women between the ages of 20 and 44. Three in their early twenty's, four in their late twenty's early thirties and one in her mid-forties. All participants were first language isiXhosa speaking, however, most could speak English fairly well. While four of the participants had some high school training, finishing between grade 7 and 9, only one had finished matric, and one, grade 11. Of the additional two participants, one participants' schooling was unknown, with the other having left school in grade 4. Regarding their living conditions, a majority of the participants were living within informal settlements in shack type dwellings, with two of the eight participants living in the RDP housing schemes and one in a flat. The areas ranged from the informal settlements in Khayalitsha, Mufuleni, Barcelona and Capricorn Park to the more formal housing structures in Langa and Makhaya. Finally, there was an average of 5 people per household, with six of them housing between 3 and 7 people, one household with 10 and only one of the participants living alone.

2.5 Data Collection

Data was collected between March and June 2013 in the form of two focus group transcripts and the written photo story narratives. All focus groups, photo training and meetings were held at the *Embrace Dignity* offices in the Cape Town city centre.

After informed consent was obtained from the participants, an initial focus group was conducted in which the topic of leadership was addressed, as well as possible expectations and outcomes expected from the study. As this formed part of the larger study, data from this focus group was not used. The participants then attended a 4 day photography workshop. On the first day, a professional photographer provided basic photography training. This comprised of theoretical components such as what it means to be a photographer, the various ways in which photographs can be used to convey situations, ideas or feelings, reasons for taking photographs (e.g. journalism, document history or tell a story) and lastly, the role and power of photography in communication and delivering messages. In addition to this, participants were also introduced to the ways in which cameras can be used to create varying effects. This included topics such as body position (standing up or lying down), distance, framing using everyday objects and lighting. Guidelines were also given on how to take photographs in such a way as to protect their own personal safety, as well as respecting the rights of those in the photographs, for example by obtaining consent and/or taking the photographs in such a way as to protect the person's identity. Finally, the day concluded with more practical lessons on how to use a digital camera, as well as practising taking photographs using the various effects previously mentioned. On the second day of training, the participants met the professional photographer at an area in the Western Cape called Freedom Park. Here they were able to practice taking photographs using the techniques and lessons learned the day before. The participants and professional photographer then returned

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to the Embrace Dignity offices on day 3 and 4, during which time participants were each given a turn to view and present their photographs to the rest of the group. This allowed the chance of giving each participant time to practice reflecting on and discussing their photographs, as well as showing off the various techniques learnt.



Photograph 1: Photography Training and Techniques

Immediately following the photography training a focus group was conducted during which time the participant's experience of the photography training was discussed. The group was also asked about their views on Freedom Park, both on its own and also in comparison to their own communities (see photograph 2 below). This was done as a precursor to eliciting thought in the participants of possible photo story ideas on the challenges faced within their communities. This focus group was audio recorded and transcribed to form the first data set.

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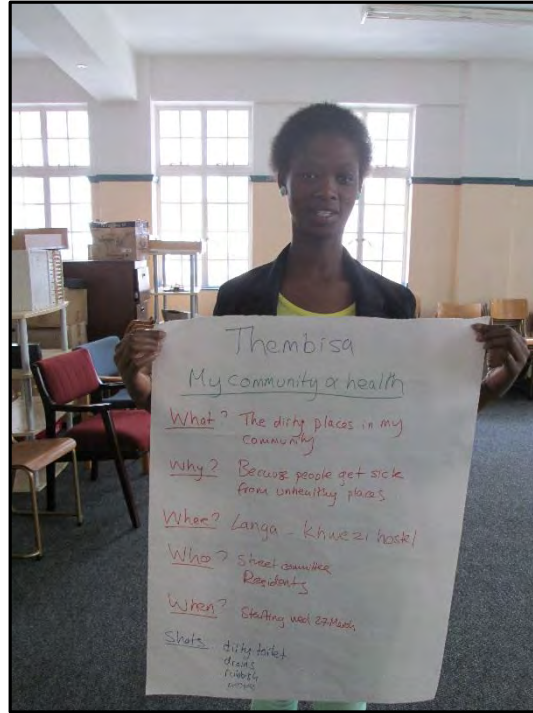
Photograph 2: Photography Training - Focus Group Discussion

[Speaking about Freedom Park] “What I’m thinking, maybe they, they travel with horse then they collect scrap yard so they take it to the [scrap yard] ...and they also have pigs....so I think some of them they sell their pigs and stuff. Because there also pigs...horses...goat.” (Boniswa)

Another meeting was then held with the participants during which time they chose the topic that they would like to focus on for their story. First, a general discussion was held where the participants all together brainstormed the various challenges faced within their communities and everyday lives. Then, from the 16 issues generated, each participant had a chance to choose one topic on which they wanted to focus. The topic’s chosen were: community relationships, substance abuse, housing, education, parks, children, my community and health and ‘sugar daddies’. Once they had decided the focus of their story, the participants were then guided on how go about developing it. At the end of this meeting, each participant had generated a detailed story idea that they wished to develop and some ideas on the type of photos they planned to take, where and when (see Image 2). The

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participants were then each provided with a digital camera for a period of two weeks, during which time they took their photographs.



Photograph 3: Photo Story Topics

Once all the participants had finished taking their photos, they each met individually with the researcher in order to select the photographs that they felt best represented their chosen topics. Although the participants mostly kept to their originally chosen theme, there were five, who during the course of their photo taking, decided to slightly alter, or otherwise change their topic to one they felt better represented the challenges they faced. The final photo story topics/titles were therefore, 1) rape and community silence, 2) my house, 3) The park, 4) rubbish and disease, 5) living conditions, 6) sugar daddies, 7) The story of my life, and 8) Where I stay.

Following this, interviews were set up with each participant so as to assist with the development of the photo story narrative through a process known as Photo Elicitation

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Interview (Clark-Ibáñez, 2004; Hergenrather et al., 2009; Noland, 2006). This is a collaborative process during which the participant and researcher together discuss the photographs and build the narrative. It has been found that through this process, the stress of being the ‘subject’ of discussion is relieved, and instead allows the participant to take the form of expert guide leading the researcher through the subject matter, allowing a more spontaneous story telling (Collier & Collier, 1986, cited in Noland, 2006). It was found, however, that although the interviews were pre-arranged, many of the participants were either not arriving or alternatively lacking engagement with the process. It was therefore decided to rather look at an alternate method of elicitation, that would still provide the collaboration and participation detailed above, and therefore a focus group was held.

In this final focus group, the participants each had a turn to exhibit and discuss their chosen photographs. It was found that this method allowed for further discussion and elaboration, with involvement of both the researcher and other participants. In this way, each participant was able to firstly ‘tell their story’ which was transcribed via the audio-recording, creating the second dataset, after which they were given an opportunity to present a written copy in either English or preferred mother-tongue. The written stories were then translated where necessary providing the third and final dataset. The three-part data corpus therefore consisted of the two focus group transcripts and the individual written photo story narratives.

Lastly, Embrace Dignity in partnership with UCT hosted an exhibition showcasing the women’s photographs and stories. This was held just before women’s day in August in celebration of women’s month, and was open to the general public. Exhibitions in the Photovoice method are used firstly as a form of empowerment through the participants being able to showcase and celebrate their work and secondly provide an opportunity for valuable

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feedback as well as a vehicle to aid the important task of reaching influential decision-makers and informing the public (Palibroda et al., 2009; Wang, 2006).



Image 1: Photovoice Exhibition - Image taken from Embrace Dignity website (www.embracedignity.org.za)

2.6 Data Analysis

In order to explore how South African street-based prostituted women, in the process of exiting prostitution, represent the challenges faced within their communities, an understanding and organising of the current and most prominent themes was required. According to Braun and Clarke (2006), thematic analysis is a flexible method which can be used for identifying, analysing and reporting patterns (themes) within data. Furthermore, it is not wed to any pre-existing theoretical framework, thereby leaving the researcher free to discover patterns across the data, without being specifically focused towards theory development (Braun & Clarke, 2006). Thematic analysis was therefore deemed appropriate for use across the entire corpus of data, due to the exploratory nature of project, as it allowed for the identification of the most salient and representative themes.

In order to do this, Braun and Clarkes (2006) six-stage guide towards thematic analysis was used. After transcribing the audio-recordings from the focus groups, phase one started with the researcher immersing herself fully within the data, so as to become familiar with the breadth and depth of the content. This was done through repeated reading of the data in an “active way” searching for initial meanings and patterns. Once the researcher felt

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comfortably familiar with the data, phase two began with the generating of initial codes. This is the process whereby the researcher organises the data into categories (Neuman & Biga, 2003) which serves as the preliminary basis towards inducing themes. This was done across the entire data corpus i.e. both focus groups and written photo stories. It is suggested during this stage to code for as many potential themes/patterns as possible, while ensuring the coded data remains in context and ensuring the process is as inclusive and comprehensive as possible (Braun & Clarke, 2006). Once the researcher was satisfied that all the data had been coded, phase three began. During this phase, the researcher refocused the analysis by grouping the codes into potential themes. It is through this process that the analysis starts to take form by evaluating the relationships between the code, themes and sub themes (Braun & Clarke, 2006). Following this, the researcher then moved into phase four, which consisted of two levels. Firstly, the researcher reviewed all the coded extracts so as to ensure they formed a coherent pattern. Once this was completed satisfactorily, the researcher progressed onto the second level, checking the validity of the individual themes in relation to the data sets and across the data corpus. It is stated, that once this phase is completed, the researcher will have a good idea of what the different themes are, how they fit together and the overall story that they tell (Braun & Clarke, 2006). Phase five then required further analysis of the themes by the researcher, so as to define, refine and name them, after which the final stage was reached during which final analysis was completed through the production of the written report (Braun & Clarke, 2006).

2.7 Ethical Considerations

2.7.1 Informed consent. Permission and informed consent was obtained from all participants prior to the commencement of the study. This was ensured through the use of signed consent forms (see Appendix A). Included in these forms was information regarding

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details of the study, as well as permission for anonymous use of the photographs and photo stories for academic publications and presentations only. Use for any other purpose must be approved separately by the participants. Details regarding the right to withdraw from the study at any time, was also outlined and explained.

2.7.2 Confidentiality. Confidentiality and its importance, was discussed with the participants during the first meeting, as well as throughout the project and before each focus group. However, as confidentiality within the focus groups could not be guaranteed, as other group members could choose to disclose to non-participants outside the group, these limitations were also discussed. In this way the participants were able to make an informed decision as to what material to disclose to the group.

In addition to this, the anonymity of participants was assured and maintained through the use of pseudonyms and avoidance of any identifying information within the writing up or publishing of the research.

2.7.3 Risks. While risk to participants of this study was minimal when taking photographs of objects or places, taking photographs of other people possibly incurred a slightly higher risk to the participant. This however was discussed during the photography training, with guidance given from the professional photographer on, 1) how to make safe choices on who and what to photograph, 2) judge potentially risky situations, 3) acceptable methods of approaching those they wanted to photograph and 4) obtaining verbal consent.

Although the photo story themes and therefore focus groups, were based within their broader community rather than on their personal lives, it was possible that some of the

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discussions around either their own or others photos, may have proved distressing given their lived realities and previous trauma experienced. The researcher therefore, in conjunction with the psychologists co-facilitating, monitored the participants for any signs of distress, with the intention to facilitate a referral to counselling where required. The participant's involvement however seemed to rather have had a beneficial and empowering affect, possibly due to being given an opportunity to voice their opinions within a non-judgemental and empathetic space. This is consistent with the literature which states that the benefits derived from a trauma survivor's participation in interviews, has the possibility to outweigh the negative emotions experienced, through the telling of their stories (Griffin, Resick, Waldrop, & Mechanic, 2003; Ruzek & Zatzick, 2000).

2.7.4 Benefits. The principal benefit of those participating in the research project, was an opportunity for them to identify and become more aware of the challenges (and possible strengths) within their communities. It also allowed them the opportunity to have their feelings and opinions heard and valued. It is possible that this in turn created a greater awareness and understanding, possible mobilisation and ultimately empowerment.

In addition to this, a valuable skill was learned in the form of photography. This in itself has the potential to have a cathartic and empowering effect. As one participant stated:

"I think it is good... cause you keep yourself busy taking pictures...you forget about the past... Now, I'm using this, I always taking pictures...as I'm going."

(Nonkululeko)

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Furthermore, it can also lead to possible future financial opportunities, through the production and selling of their photographs.

“For me...a [small]) business...Because when I was taking that camera... taking the children’s pictures, their parents wanting to buy the pictures...For me if it was my own camera I could do that...” (Thandiwe)

2.7.5 Ethical issues relating to secondary participants. It was important that the rights of possible secondary participants (people photographed by the participant) would also be protected. The participants were therefore instructed to obtain verbal consent from people before taking their photograph, and in the case of children verbal consent from the parent was needed. Furthermore, in any research reports or publications, the faces of all those appearing in the photographs will be obscured and names of the photographed persons will not be used.

The following chapter will present the findings of the current research, as analysed through the data, and discuss it in relation to existing literature.

CHAPTER 3

RESULTS AND DISCUSSIONS

Thematic analysis across the entire data set was used to identify the main challenges faced by the participants within their communities and everyday lives. Through this process, three central themes were highlighted, namely 1) their socio-economic environment, 2) gender-based violence, and 3) social cohesion and community relations. Each theme will now be discussed in detail below and the possible risks that these challenges might present for re-entry into prostitution explored. In order to preserve confidentiality, pseudonyms have been used to reference all extracts.

3.1 Socio-Economic Environment

Research that focuses on the barriers and challenges faced by women in the process of exiting prostitution emphasise substantial economic difficulties and other practical issues, such as finding alternative work or safe, appropriate housing (Cimino, 2012; Dalla, 2006; Farley et al., 2004; Manopaiboon et al, 2003; Månsson & Hedin, 1999; Mayhew & Mossman, 2007; Rabinovitch & Strega, 2004; Sanders, 2007) as being significant factors. Consistent with the literature, a majority of the participants identified the main challenges faced within their communities as being related to their general living conditions. These, however, were predominantly highlighted by those living within informal settlements. Forming three of the eight photo story narratives, these challenges were largely emphasised with regards to 1) their current housing situations, including a lack of basic amenities and concerns around their safety (e.g. protection from environmental hazards and fires, as well as their vulnerability to

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Themes & Sub Themes	Reference
General Theme 1: Socio-economic environment	The general living conditions which creates an inadequate living environment and lack of safety, causing exacerbated everyday stressors while also contributing to the marginalization of prostituted women.
1.1: Housing	Lack of basic amenities Overcrowding Effects of living within a shack type dwelling and the resultant vulnerability to weather, fires and safety (crime).
1.2: Health and services	Lack of services leading to increased vulnerability to disease (Tuberculosis, E-Coli, HIV). Effects on physical and psychological health
General Theme 2: Gender-based violence	The physical and symbolic factors that contribute to the disempowerment of prostituted women.
2.1 Sexual and physical abuse of women	The common occurrence and normalization of sexual violence experienced by women within their communities and the resultant resurfacing of past trauma during their life in prostitution. Effects on psychological health including CPTSD and substance dependence.
2.2 Exploitation of women	Exploitation by sugar daddies with resultant entry and entrapment within prostitution. Transactional sex & their relationship to men
General Theme 3: Social cohesion/ community relations	The role of community cohesiveness and relationships as a protective factor against re-entry and a form of safety, belonging and empowerment.
3.1 Interpersonal relationships	Community isolation and comparisons with Freedom Park and the Transkei. Stigma
3.2 Concerns regarding children	Concern for children's safety. Effects of children on the entry and exiting process.



HOPELESSNESS
Leading to a sense of despondency and immobilization

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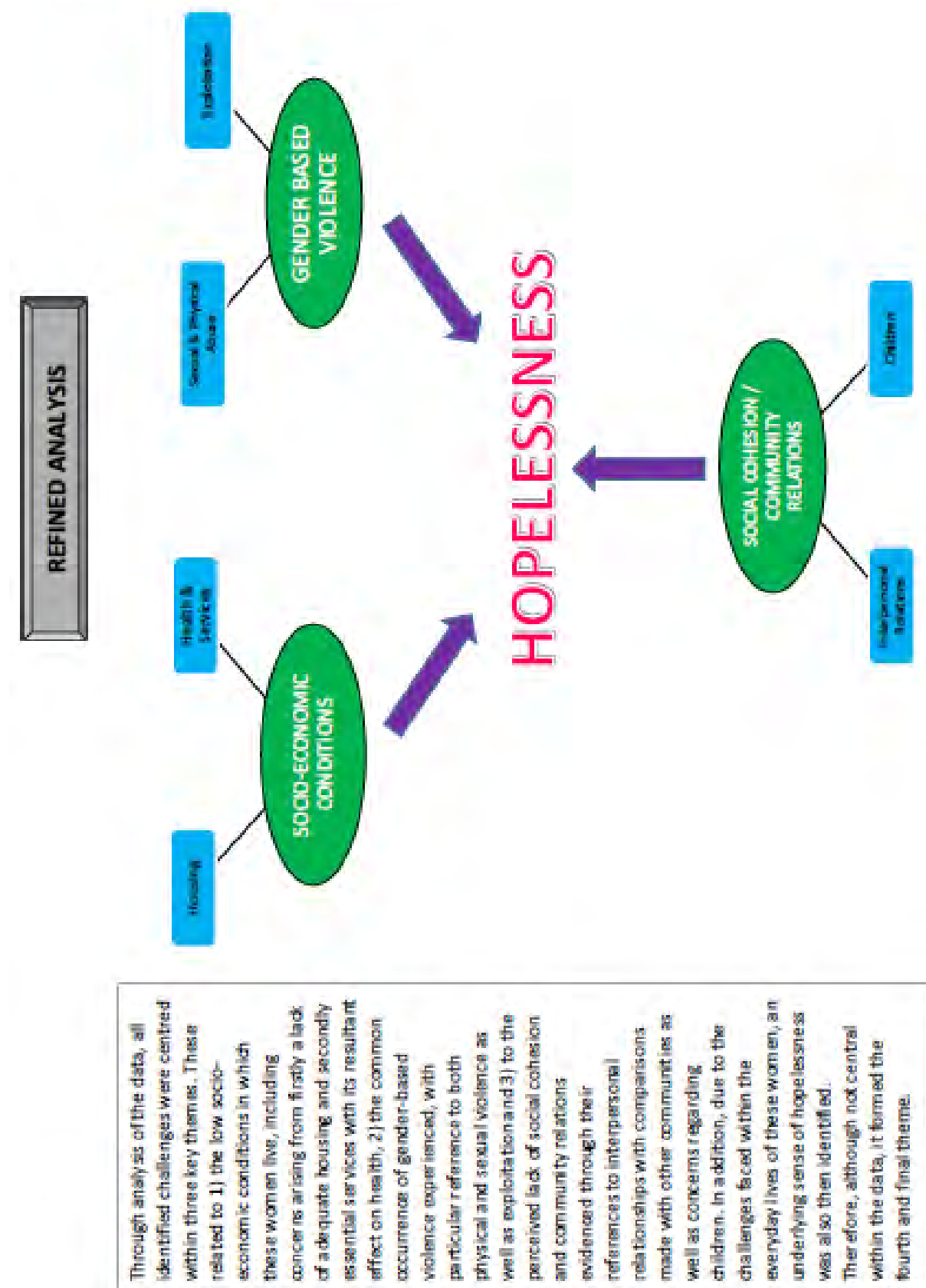


Diagram 1: Refined Analysis

crime and violence), and 2) the challenges faced due to a lack of basic services and the spread of disease as a result of unsanitary living conditions.

3.1.1 Housing. According to these participants, additional everyday stressors were experienced due to the nature of living within the townships. Firstly, these participants did not have access to basic amenities including electricity, clean running water or ablution facilities.

“...me I not electricity and [water], I use one [bucket].” (Nokhanyo)

This often meant that they would have to walk long distances to collect water and use the toilets, or otherwise make use of alternate and often less desirable alternatives. For example, as the toilets are often far away and/or damaged, buckets would be used inside the house, especially overnight, which they would then empty into the toilets the next day. This not only causes an unpleasant living environment, through the odour created and potential spillage, but is also unsanitary, thereby creating a health risk through direct contact with faeces, coupled with no access to clean running water.

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Photograph 4: Toilets

“We don’t even have toilets. They are not working... we are coming from there, out there...we come down to go to the toilet. Maybe you diarrhoea, maybe you...[use bucket] inside in the house and throw it...in toilet.” (Thembela)

*“...and the tap is far...for many houses... they fetch water like... for a distance.
(Boniswa)*

Furthermore, due to the growing number of people without shelter, more shacks are being built daily causing overcrowding to be of major concern.

“But instead of shacks be less, they get more. Everyday mos, everyday...There’s many people in shacks...the trash container where people who live here throw away their rubbish. They use it, but it is too small for the people of the area that I live in. Other people they just throw [their rubbish] outside.” (Boniswa)

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Photograph 5: Overcrowding and living conditions

“...small kitchen and one bedroom. We all [live] in a same house. We ten all of us...I use one toilet, all peoples there... four toilets just all my community use this toilet.” (Nokhanyo)

Although it is very difficult to get accurate population statistics in townships, according to the South African Statistics 2010, there are approximately 1.9 million South African households that are living in informal dwellings such as shacks or shanties (Unicef, 2012), while 38% of the total population does not have access to flushing toilets. In addition, of the estimated half a million people living in Khayelitsha⁷, there is only one tap available for every one to five families (Leiter, 2011). These households, however, can sometimes include up to ten or more people, as can be seen by the above quote. While this then places

⁷ Khayelitsha (meaning “new home”) is a large informal settlement (see footnote 3) in Cape Town, which was originally developed through being designated as a “black” area or township (see footnote 4) during the apartheid relocation policies (Dawes, Tredoux, & Feinstein, 1989).

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further strain on these already very limited resources, it also creates a further safety risk and uncomfortable living environment through lack of living space.

Secondly, the participants highlighted experiencing increased everyday stressors due to living within a shack-type dwelling. Many of the houses in the townships are made from wood or tin, which cannot withstand the extreme weather often experienced in Cape Town. For example, rain in the winter months often results in leaking and flooding, leaving their houses wet and belongings damaged.

“It rains inside the house, while you sitting it’s raining. Maybe the sofa or the TV...the rain get inside the tele then its broken... All the rooms get wet when it is raining. It is difficult...because we must make fires to dry the rooms.” (Boniswa)

The increased stress experienced though the anticipation of these events and unsafe living environment it causes, is often then exacerbated through the strain of additional costs in replacing damaged personal belongings and conducting structural repairs. These types of stressors are often then accumulated leaving these women feeling generally overwhelmed.

The above shows the dire circumstances, in which not only these women but a large proportion of the South African population live, with poverty being of major concern. Social circumstances, including poverty, has been documented as a prominent barrier to exiting prostitution (Mayhew & Mossman, 2007). Included in this is access to safe housing. This has been shown as a dominant concern and that women with access to refuge and housing are more likely to be able to successfully exit prostitution (Farley et al., 1998). Housing is one of the basic human needs and has both a direct and indirect implication on the health, welfare and

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social status of those living within the various communities (Statistics South Africa, 2012). It has been found that until a woman has been able to have her basic needs such as housing met, it will be very difficult for her to apply herself and change other aspects of her life (Hester & Westmarland, 2004).

In addition, these women were all living within the same or similar circumstances, which initially brought them into prostitution. This therefore helps various contradicting research to dispel the common myth, that prostitution in fact alleviates poverty (Rabinovitch & Strega, 2004). According to research, prostitution is not a way out of poverty for most women, with the income earned being well below the poverty line (Benoit & Millar, 2011). This is especially true of South African street-based prostituted women, whose average income is often far below their economic necessity (Gould & Fick, 2008; Huysamen, 2011). Prostitution for these women is merely a way of survival. Most female prostituted women report that economic distress was a major deciding factor for entry (C Benoit & Millar, 2001; Sanders, 2007; Williamson & Folaron, 2003) and entrapment within prostitution (Manopaiboon et al., 2003). However, while it may not alleviate poverty, it often offers more financial gain than alternative employment, for which the majority of these women lack education, training and experience (Gould & Fick, 2008; Manopaiboon et al., 2003). As Nombeko stated: “...*I am broke, I go to the streets.*” Furthermore, living within these low socio-economic environments has shown to contribute to negative outcomes by further limiting financial resources and opportunities for higher-paying employment (Decarlo Santiago, Wadsworth, & Stump, 2011). Poverty in informal settlements, however, is not only contributed to by a lack of income or unemployment. It is further extended by a decline in health, overcrowded housing, increased school dropout levels and increased stress upon the physical and social environments of its residents (Victor, 2009).

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Therefore, although these women are currently within an exit cycle, their years working in prostitution has done little to alleviate their living conditions and this leaves them vulnerable to re-entry due to a lack of viable alternatives, low levels of education, the poverty in which they live and the resultant financial hardships. Also, possibly living within these circumstances reinforces a sense of marginalization already felt by these women through their years of prostitution (Baker et al., 2010; Cimino, 2012; Sanders, 2005; Wojcicki & Malala, 2001), by perceiving themselves to be in a lower position within society. These oppressions of class and race felt through poverty, coupled with their already stigmatized and marginalized sense of self, could perhaps lead to further feelings of disempowerment. This, together with the increased stress and financial burden caused through their living environment could possibly leave them with less internal resources available for creative and possibly more time consuming methods of income generation, thereby leading them back into prostitution.

In addition to this, nearly all of the participants generally felt unsafe in their current housing conditions. Those living in the informal settlements spoke of the various physical levels on which this occurred, the first of which was the threat of fires. Within their communities, due to the housing conditions mentioned in the previous theme, fires are often lit inside the house to either keep warm, dry their clothes or dry out their houses after the rain. While this causes their houses and clothes to smell making their living environment unpleasant, it also causes a safety hazard. This is seen firstly through consistent smoke inhalation which places further danger upon their health, as well as through the fires becoming uncontrolled, as they are often left unattended or burning overnight.

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“When you are sleeping and then the clothes are wet, you make fire for them to get dry, and the fire make smell...In winter...we make fire for us to get warm...we are very cold, so we, we will make fire so we can, the house can burn easy.” (Boniswa)

In addition, due to the overcrowding, close living conditions and nature of living within the townships, a further vulnerability was highlighted through the spread of these fires. Firstly, the housing materials used to construct these dwellings, for example wood, ceiling boards and tin sheeting, allow these fires to ignite quickly and spread easily. Furthermore, the close housing structures may not allow the fire trucks and other emergency vehicles to pass between them, creating further risk of the fire spreading. Therefore, even if the participants themselves were particularly careful around this issue, they were still at the mercy of those living around them. This then causes these participants to live with constant fear for their lives and that of their children, as well as increased anxiety around the loss of personal possessions and important documentation.



Photograph 6: Overcrowding and safety

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“...And this is all my community; you can see there's lots of shacks, lots of lot....And if one house burnt, we must know that maybe thirty of them are going to burn, you going to lose everything you have.” (Boniswa)

*“And sometimes burning thing, the shacks are burning serious. And some of the people, they burn inside the house...If can burn one, all of them, they burn.”
(Boniswa)*

Secondly, the challenges regarding a lack of basic amenities also raised concerns around their safety and feelings of vulnerability. Not having direct access to the taps or toilets, meant that the participants had to walk a distance to get to them, placing them at risk of attack. Although at risk at any time of the day, they felt more vulnerable at night due to a lack of street lights. Rape was of particular concern, which, as mentioned in the review of current literature (see Chapter 1), the statistics are exceptionally high in South Africa (South African Police Service, 2013). This would often immobilise them, leaving them too scared to leave their houses after dark.

“There's no street lights. If you walk at night, you don't know what is going to happen. You just walk.” (Boniswa / Thembela)

“Even at like half past nine, no go to tap cause it's far and toilet you take to bucket for the child...it's far my toilet for my house. I'm worried for raping because... too much raping.” (Nokhanyo)

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However, it was not only while outside in their communities that they felt this lack of safety. Significant to these participants was a sense of vulnerability to crime and victimisation by intruders, due to a lack of basic safety measures such as bars on windows and locking doors. The materials used to build these houses are also vulnerable to easy access, as it would not be difficult to gain entry through wooden or metal walls, as well as not provide a possible safeguard against potential gunfire. Once again this causes increased anxiety within the participants, who are possibly living within a constant state of fear.



Photograph 7: Housing and safety 1

“It is not safe, we are not safe cause as you see there is no [bars] ... anybody can come in anytime.” (Boniswa)

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Photograph 8: Housing and safety 2

“And this shack I’m got...come here and the person get in my house and rape or killing you see...cause even now I’m sleeping I’m worried. You get a house you sleeping nice...” (Nokhanyo)

This preoccupation with their general living conditions highlights the women’s sense of increased risk and vulnerability, suggesting that having one’s basic survival needs met is fundamental to feeling safe (Baillie, 2013).

Building a safe refuge, however, is believed to be a crucial recovery aim for those exiting prostitution (Baldwin, 2004). Living within a context that entails a perceived lack of safety can further add to the everyday stressors created by living within poverty (Decarlo Santiago et al., 2011). This then places them at further risk for the debilitating psychological symptoms associated with poor mental health, thereby further impacting their everyday functioning and consequent sustained exit from prostitution. In addition, the effects of living within a constant state of fear and not feeling secure within one’s home environment can be

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traumatising, further affecting the exiting process. This, however, will be discussed in more detail in theme 4.2 below.

3.1.2 Health and services. Another prominent challenge identified by the participants was the extent of diseases that they are exposed to daily as a result of the dirty living conditions. There are various levels on which this occurred, the most prominent being dirty water and overcrowding, which then appears to be exacerbated by poor service delivery from the council.



Photograph 9: Dirty water

“The tap we are using is very dirty. You won’t think that is for people. People are get diseases cause of the dirty water. And also young child go play with water and then after get rash.” (Nokhanyo)

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Photograph 10: Rubbish container

“This photo it shows...the container in which we use to... throw the...dustbins. It’s very small, when it’s full we throw it outside...near the houses...because we don’t have any choice...People are just throwing away dirty things and toilets.... some of the people they don’t care, they just throw rubbish outside of their yard, and you can’t talk because if you talk they gonna, their neighbour will shout to and ask him, can you give me another bin because so I can put my rubbish because there is no dustbin, the dustbin is full. Say they is poor and...stuff.” (Boniswa)

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Photograph 11: Health and sanitation

“They are throwing away the faeces and the children are playing with it.” (Themabela)

“...that’s why they go outside because the people...go all over.” [talking about the toilets] (Thandiwe)

As demonstrated by the quotes, the overcrowding and lack of facilities within townships leads to additional strain being placed on the already very limited resources available. This then causes these resources (e.g. bins and toilets) to become either over full and/or break, causing an overspill of rubbish and sewerage. This then affects both their immediate living environment and drinking water. Furthermore, cleaning of the toilets and refuse facilities was not provided for sufficiently or often enough in their opinion, especially in light of the great number of people requiring the use of these facilities. Once again this causes these participants to live within an unhygienic and therefore unsafe living environment.

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“Once a month on a Wednesday, they give you plastic...only after...come after 2 weeks. [in speaking about cleaning of the toilets]” (Nokhanyo)

“No...And they come to deliver plastics...for, for rubbish. They don’t... they give us maybe four, for two weeks or.... something depends on the house.” (Themabela)

As a consequence of this, the participants highlighted their concerns relating to a higher risk of disease. Increased exposure to contagious diseases such as Tuberculosis (TB) through the overcrowded living environment and contamination from faeces due to the lack of sufficient sanitation, which can cause diseases such as E. Coli, is particularly problematic.



Photograph 12: Risk of diseases

“This man he was staying there, he was getting a TB, diarrhoea...and then, this man, getting sick but not even go to hospital. The doctor, he found out he come...and then, we going to... funeral. Yo, he died.” (Themabela)

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“We are.... we getting diseases... because... of the condition, we are living in... We getting sick from the toilets, sick on top of the... other people.... When, you see, when, when someone just come out of the clinic... [people are sick] because they are getting the disease.” (Boniswa)

In addition, the increased amount of refuse which has not been taken away, results in an increase in the rodent population, which then come into the houses placing the occupants at further risk for illness through rodent borne diseases and cross contamination.

“Our house is next to the place where they throw away the rubbish. Rats come and enter the house, eat off our plates. They come from outside from the toilets and in the bins where there are diseases.” (Boniswa)

This increased exposure to diseases is often experienced within their communities and was an added stressor in their everyday lives.

Working in prostitution has been linked to an increased risk of contracting sexually transmitted diseases and in particular HIV/AIDS (Pardasani, 2005; Williamson & Baker, 2009; Willis & Levy, 2002; Wojcicki & Malala, 2001). Although HIV/AIDS is incurable, proper management and treatment of the disease is needed in order to maintain a healthier and prolonged life (Tong, 2013). As this disease attacks the immune system, one crucial aspect of this management is the maintenance of one's general health thereby preventing illness. Therefore, living within these circumstances and the subsequent increased risk of disease can make the health management of those living with HIV/AIDS particularly difficult, resulting in increased illness and shorter life expectancy.

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Research has also shown that living within these low socio-economic circumstances can have effect on not only one's physical but also psychological health (Belle, 1990; Decarlo Santiago et al., 2011; Kale, 1995). According to social causation theory, those living within these circumstances develop psychological and physical health problems as a result of living with poverty-related hardship. Poverty creates a context of stress, in which stressors build on one another and contribute to further stress (Decarlo Santiago et al., 2011). Living within a disadvantaged community, as illustrated by the participants, therefore creates what has been termed "cumulative risk" (Evans & English, 2002) which then intensifies the negative effects of daily stressors on psychological problems (Attar et al., 1994). This therefore makes them more susceptible to the continued symptoms of emotional distress and mental health issues commonly found among prostituted women, with depression being almost universal (Farley et al., 2004). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), depression is characterised by a clinically significant impairment in functioning through a depressed mood and/or loss of interest or pleasure in life activities. In addition, some or all of the following symptoms may be present: 1) a depressed mood most of the day, 2) diminished interest or pleasure in all or most activities, 3) significant unintentional weight loss or gain, 4) insomnia or sleeping too much, 5) agitation or psychomotor retardation noticed by others, 6) fatigue or loss of energy, 7) feelings of worthlessness or excessive guilt, 8) diminished ability to think or concentrate, or indecisiveness and lastly 9) recurrent thoughts of death (American Psychiatric Association, 2000). These psychological symptoms, which are currently identified under individual factors within existing exiting literature, have an impact on various levels of functioning, including physical, mental, occupational and relationship, and therefore if not addressed, can directly affect their likelihood of a successful and sustained exit from prostitution (Choi et al., 2009; Månsson & Hedin, 1999).

3.2 Gender-based Violence

Street-based prostitution is a dangerous way of life characterised by coercion, exploitation, violence and a general lack of safety (Cimino, 2012). However, although these participants had exited, this continued to be mirrored within their everyday lives. Throughout the dataset, all the participants spoke of a perceived lack of safety felt within their communities through the common occurrence of various forms of violence which ultimately brought about a sense of vulnerability. This was highlighted across the entire data set with particular emphasis on 1) the sexual and physical abuse of women and 2) an increased vulnerability to exploitation.

3.2.1 Sexual and Physical Abuse of Women. Gender-based sexual violence was the most prominent form of violence highlighted, with six of the eight participants emphasising a high incidence of sexual violence to be a major challenge faced within their everyday lives. It was often expressed as a common everyday occurrence and as something that just happened.

“And it’s not important, more special for us, you see rape now is higher.

What...everyday there’s a person who was raped or what....” (Boniswa)

In one photo narrative, the participant told the story of her friend who had recently been raped.

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Photograph 13: Gender-based sexual violence

“This is where he rape her...he point her with a gun...he took her the whole night, and then she come back home with no pants, shoes and bra, just with this vest and skirt.” (Nomkhitha)

An interesting observation, when choosing a topic for their photo stories, was that none of the participants’ spoke of wanting to focus on gender-based violence. However, during both focus groups and informal discussions with the participants after developing their stories, gender-based violence emerged as a significant challenge faced within all of their communities. This could signify a possible desensitisation to this type of violence, due to its seemingly common occurrence both within their former working lives and general communities. It is thought that since those that have been prostituted have experienced so much violence within their working lives, in order to cope (Rabinovitch & Strega, 2004) its impact is denied and the continued risk of injury underestimated (Baldwin, 2004). Those in the midst of ongoing trauma, such as these women, have also previously been found to minimize or deny their experiences (Farley et al., 2004). In addition, research that focuses on

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the childhood of those in prostitution has found a high correlation between childhood sexual abuse and later entry into prostitution (Collins, 2010; Cooper, 1989; Farley et al., 1998; Hakala & Keller, 2011). Therefore, should this be the case for these women, it is possible that growing up within an environment characterised by sexual abuse and violence perpetrated against women and children, which as previously noted is commonly found within South Africa, this type of incidence becomes the norm (Baldwin, 2004; Kim & Motsei, 2002; Petersen et al., 2005). This normalization and frequent experience of sexual violence then becomes the frame of reference from which they view the world, making it a general part of life.

Going one step further, the sexual violence experienced within the lived reality of their everyday lives can resurface trauma from their past experiences within prostitution, where rape and violence was common place (Cimino, 2012; Farley et al., 2004; Keller & Hakala, 2011; Rabinovitch & Strega, 2004). Two of the participants highlighted this within their photo story narratives, with particular reference to rape.



Photograph 14: Risks of prostitution

“There are a lot of things that happen. We got killed and raped.” (Nonkululeko)

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“One day I go to street that day it was my bad day I will never forget the client was rape me and left me in bush without money.” (Nombeko)

Post-Traumatic Stress Disorder (PTSD) has commonly been found to be affecting those working within prostitution (Choi et al., 2009; Saphira & Herbert, 2004; Willis & Levy, 2002) with resultant fear and powerlessness being experienced (Farley et al., 2004). In addition, due to the regular and repeated exposure to physical and sexual violence as well as the ‘captive’ like entrenchment characteristic of prostitution, these women stand the further risk of developing what is known as Complex PTSD (CPSTD) (Choi et al., 2009; Farley et al., 2004; Herman, 1992). Symptoms of CPTSD show significant pathology in multiple domains including somatic, cognitive, affective, behavioural and relational (Herman, 1992). One of these symptoms include an inability to actively engage with the world, with chronically traumatised people often being described as passive or helpless (Herman, 1992). This reduced psychological functioning, however, comes at a time where, according to current research focusing on the exiting process, these women need to be restructuring almost every facet of their lives and rebuilding healthy relationships (Baker et al., 2010; Månsson & Hedin, 1999; Mayhew & Mossman, 2007; Sanders, 2007). This also places these women at a high risk for substance abuse, something which is commonly found within prostitution (Brown et al., 2006; Burnes et al., 2012; Rabinovitch & Strega, 2004). This, then, in turn places them at risk for substance dependence, which if left untreated can act as a barrier to successful exit from prostitution (Baker et al., 2010; Sanders, 2007).

The healing of psychological trauma has also been documented as crucial to the exiting process (Baker et al., 2010; Choi et al., 2009; Månsson & Hedin, 1999; Rabinovitch & Strega, 2004; Saphira & Herbert, 2004). However, doing this in a context such as South

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Africa, with its recognised culture of violence against women (Coombe, 2002; Simpson, 1993) and where repeated trauma is continuous, proves difficult if not impossible and places these women at a constant risk for re-entry. As mentioned previously, living with increased stress and anxiety can often exacerbate symptoms of psychological distress, leaving one with few resources for anything else.

Furthermore, a perceived lack of protection and support from the judicial system was also noted. This caused the participants to feel a further sense of vulnerability and lack of safety. It was felt that even if the police were alerted, they would not be able to help and in fact could actually place them in further danger.

“And then I ask the people why you don’t call the police...They say that this guy is going to be arrest today, tomorrow he's out and he's going to come back for you, so you can go home.” (Nomkhitha)

This lack of support from the legal system was also experienced when working in prostitution (Gould & Fick, 2008; Wojcicki & Malala, 2001). It is well-documented that crimes committed against prostituted women frequently go unreported due to their previous encounters with police officials which were characterized by discrimination and very often further victimization at the hands of those meant to help them (Baldwin, 2004; Gould & Fick, 2008; Hakala & Keller, 2011; Wojcicki & Malala, 2001). This vulnerability to further victimization was caused through their disempowered state due to the criminalization of prostitution, coupled with the heavy stigmatization and discrimination often experienced by these women (Baker et al., 2004; Brown et al., 2006; Cornish, 2006; Folaron & Williamson, 2003; Pardasani, 2005; Sanders, 2005; Wojcicki & Malala, 2001). This re-enactment of a

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lack of protection and subsequent safety then further intensifies the fear and trauma experienced, therefore further exacerbating the negative psychological symptoms and possible PTSD.

3.2.2. Exploitation of Women. Another form of gender-based violence highlighted by the participants was exploitation. One of the ways in which this occurs was described in a participant's account that the quickest way in which to gain a house would be to have sex with the person in charge. This shows the almost transactional way in which these women view their sexuality.

“And if you really need a house you have to sleep with the councillor or to a person who (leads) you...in the community. If he wants you, you must smile too because you gonna get houses. A proper house. {Laughing} you see.” (Boniswa)

It is well-known that prostituted women are often exposed to exploitation at the hands of those meant to protect them (Dalla et al., 2003; Nixon et al., 2002; Pardasani, 2005; Williamson & Folaron, 2003; Wojcicki & Malala, 2001). Very often their sexuality is traded for protection, support and gain in both their professional and personal lives (Keller & Hakala, 2011). The above extract illustrates not only the patriarchal assumption typical in South Africa, that women are expected to be available for sex (Cooper, 1989), but also the impact that prostitution has had on these women through the normalization of the mercenary exchange of sex (Hakala & Keller, 2011). According to Baker et al's (2010) *Integrative Model of Exiting*, in order to achieve the final exit from prostitution, it is important for these women to have a complete change in identity, habits and social networks. Once again this puts these women at a risk for re-entry into prostitution, due to increased powerlessness and

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the risk of falling into old lifestyle habits which conflict with their newly assumed roles (Månsson & Hedin, 1999).

Another way in which the exploitation of these women was highlighted was when their relationship to men was discussed. Although very few individual interpersonal relationships were actually noted, in particular reference to men, when these relationships were discussed, they were always within a negative framework and were solely emphasised through experiences of violence and exploitation. While this could possibly be due to their experiences within prostitution, where their relationship with men was often categorised by manipulation, disregard, exploitation, violence and abuse, it was also noted by these participants in their life before prostitution and in fact given as a reason for entry and entrapment. In one photo story narrative, an example of this was specifically highlighted through the exploitation of young girls by 'sugar daddies'. It was felt that the low socio-economic standing and subsequent financial constraints of these young girls resulted in a vulnerability to the manipulation of older men. It was described that these men, who were often married, would use this vulnerability to get the girl to become financially dependent on them. This often meant that the girls would leave school early, possibly due to choice, manipulation or perhaps pregnancy, after which he would then leave her for another young girl. This once again shows the transactional value that is placed on sex, a view which seems to have been learnt early on.

"I was young girl. I was so cute and have lot of dreams. I was so clever at school. I start to have old man was so supportive to me he was give me money and take me out on weekend to shopping and clubs. When we finish in club we go to sleep together. We are to be together he say to me. I must drop school. I drop school after that he

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say he going to JHB... I say to those they have old mans please youth stop to have sugar daddy. Sugar daddy are playing with us they want to destroy your life. Sugar daddy he will never merry you or be with you for life. ”(Nombeko)

As mentioned, this was also noted as a reason for entry into and subsequent entrapment within prostitution.

“[In talking about her experience with a sugar daddy after he left her] I saw my friend I was with her in school. She drop school before me. She say to me what is wrong to you. Your face is look is something troubling you, I say to her my life is destroyed. I don’t have money. I’m really broke. She say to me no no no my girl you can’t say you don’t have money, but you have your body let’s go I will show you how to get money. She take me to street she say to me, stand here when you see car or someone come to you he ask you business you must say yes and go with him.”
(Nombeko)

This shows another one of the many ways in which these women have been disempowered through the use of sex for financial support. In a study done by Manopaiboon et al, (2003), it was found that having a steady male partner played an important role in the exiting process. However, in a country such as South Africa which has been historically dominated by a patriarchal society with its resultant unequal power dynamics, and subsequently where gender oppression is rife (Hutson, 2007), often leads to a continued reliance on men for financial support and therefore subsequent risk of further disempowerment and possible abuse. Research, however emphasises the importance of changing one’s cognitions around these types of issues (Dalla, 2006; Månsson & Hedin, 1999), in order to allow for the possibility of

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attaining a healthy relationship in the future. Therefore instead, with the help of professional support, the relationship these women have towards men should be looked at within their individual context as part of the healing process and overall understanding of their experiences within prostitution (Dalla, 2006; Farley et al., 2004; Månsson & Hedin, 1999; Rabinovitch & Strega, 2004). This should be done with a view towards empowerment, while encouraging the rebuilding of relationships with family and friends.

As can be seen from above, the continued violence in these women's lives has a negative and often damaging result with far-reaching effects, in accordance with those outlined in current literature. As stated by Choi et al (2019) in their study of prostitution across nine countries,

Whether caused by trauma experienced while in prostitution or by trauma caused by non-prostitution related factors, it is increasingly clear that those in prostitution have high rates of psychological symptoms that are likely to impact not only their physical, mental, occupational, and relationship functioning, but also their likelihood of success at exiting from prostitution (p. 948).

3.3 Social Cohesion and Community Relations.

The final theme to emerge from the data related to 1) the participant's interpersonal relationships both within their broader communities as well as in their personal lives and 2) the challenges faced with regards to their children.

3.3.1 Interpersonal Relations. While participants living in houses built as part of a low cost housing scheme did not highlight the challenges to safety as mentioned in theme 1.1

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above, they still noted a sense of vulnerability due to the nature of their current housing situation. This, however, was expressed not so much as a physical vulnerability, but more in the form of a sense of community separation and isolation. It was felt that, while the walls and windows typical of a 'house' provided some measure of physical safety, it also cut the participants off from others in their community, resulting in a lack of interpersonal connectedness and therefore protection. This in turn then led to feelings of vulnerability, particularly in times of need.



Photograph 15: Community Isolation

“In that place I’m staying, it’s like suburbs. If you crying outside, no one is coming to help you. Its quiet... and they are in their houses and they just open the windows and close. They don’t care what is going on... The people don’t come out even if you are in trouble, or you are being beaten up. They just look out of the windows and don’t come out, but someone is in trouble outside.” (Nomkhitha).

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This isolation was also commonly felt when working. Prostituted women rarely have contact with the “outside” world, and when they do it is often negative due to their marginalization and stigma (Farley et al., 2004). It is possible then that this experience of isolation from others is reinforced, making it difficult to change their previous cognitions regarding support from their communities and the resultant building of positive social networks, which has been shown to be important to successful exit from prostitution (Baker et al., 2010; Månsson & Hedin, 1999; Sanders, 2007).

It was noted, however, that this isolation was not experienced by those living in the townships, who in fact highlighted a sense of safety in the form of community living. It was felt that should they be in trouble, other community members would come to their aid. This was specifically highlighted with regards to their physical safety, for example when their house was burning or if they were being robbed.

“I go out to the...and crawl out the window cause...it was almost burn but the community come first and put the water in the...in the house.” (Boniswa)

*“My community, I like the people. They work together. They something, someone rob so and then if you are screaming, they all, the whole community they come out.”
(Nonkululeko)*

Therefore, while all participants experienced a sense of vulnerability due to their current housing conditions, this was either experienced as a direct physical threat, as highlighted by those in the informal settlements (noted in theme 3.1 above), or alternatively as more abstract in nature in the form of social isolation by those in housing schemes. This

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comparison was also highlighted when discussing Freedom Park and the Transkei. Like the townships, both of these areas have a lack of basic resources such as electricity, water, ablution facilities and transport; however, they felt that greater community cohesiveness was still achieved. It was thought that if a community did not have these basic resources, it caused the community to draw together with a resultant 'truer' community being created.

"Because, I think it's because the place they are staying, they are [separate] ...and they see that we can love one another....share everything we have...because of the place. If they are going to be rich or going to stay in the suburbs like Makhaya, they will do the same like in Makhaya because they have houses. I'm safe for...put everything in my house, electricity, water, toilet its so, what can I do about other people?" (Nomkhitha)

This community togetherness was expressed in terms of both loving one another as well as spending time together. In answer to why they felt Freedom Park was safe, one participant explained, "... [it's] because they know each other." (Nomkhitha). There was a sense that when living in Freedom Park and the Transkei, burdens would often be shared and a general sense of belonging and inclusion within the community would be felt. This was expressed in terms of doing daily chores together, such as washing and cooking or just spending time with one another creating a bond between community members. In this way Freedom Park was compared to the almost idealised sense of community thought to be experienced in the Transkei.

"And I see that they...they love one another and they treat them like they are in Transkei, you see. If someone is going to do washing, I'm also going with you, they go

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

together, they do washing together...So you see if you are not loving one another, it's not good. I see in Freedom Park, they love one another there because there is no skollies [bad people] there...all this stuff" (Nomkhitha)

"If I can get home to Transkei, I promise I won't come back here. In Cape Town, yo, it's nice in Transkei...You like to eat something, then just take, you go with a...take a (salad) thing... and cook. Chat with people, it's very nice there. Not here...most of the time you with elders, talking, they open, talking to you, talking to the...it's very nice there." (Thembela)

"Me...I've just like I want to go out when I took my washing and go to the river and wash it there. It's just I want to... like to be with people cause there is many girls there who's chatting." (Boniswa)

When McMillan & Chavis-George (1986), spoke of a sense of community, they described it as a feeling that members have of belonging, that they matter to one another and lastly have a shared faith that their needs will be met through their commitment to be together. As a result of their previous involvement in prostitution, however, these women often experience stigma and social exclusion within their respective communities (Baker et al., 2004; Brown et al., 2006; Månsson & Hedin, 1999; Sanders, 2007). So even while those in the townships felt that the community members offered some form of physical protection, often their emotional needs and sense of belonging were still not being met. As one participant explained when speaking about her life in prostitution:

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN



Photograph 16: Prostitution and stigma

“..., this is the thing that we get from the bush [prostitution], people are hating us.”

(Nonkululeko)

These feelings of social exclusion, which as mentioned are not uncommon in those exiting prostitution, can often contribute to the already low self-esteem characteristic of these women (Hester & Westmarland, 2004). This comparison of their communities to that of Freedom Park and the Transkei could therefore speak of a possible feeling of relative safety and belonging in a life they had before prostitution with its resultant social exclusion. This in turn can make it very difficult for these women to form a new personal identity and build the healthy social networks needed in order to facilitate the exiting process. A lack of social support has been noted to act as a significant barrier to sustained exit from prostitution

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

whereby, once again possibly placing these women at risk of re-entry (Hedin & Månsson, 2004).

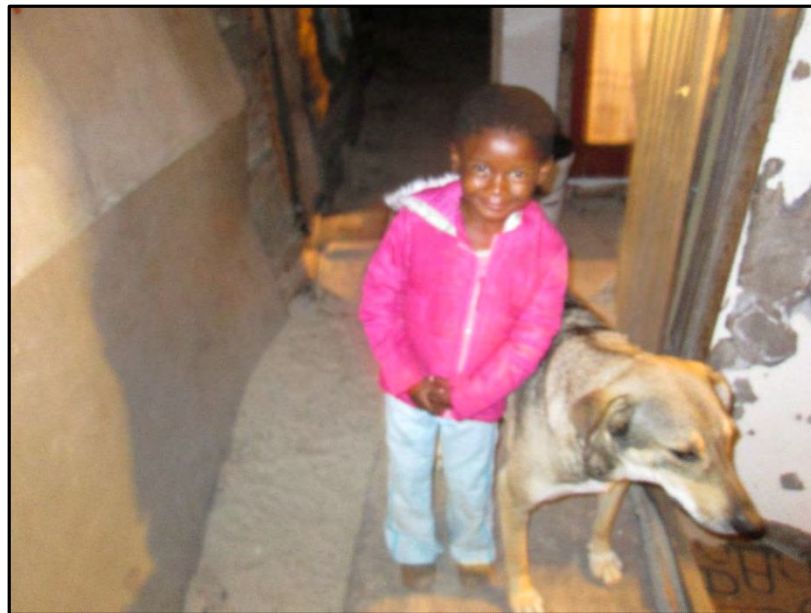
In fact, it is this general lack of social support both informal i.e. family, friends, community, etc., and formal i.e. police, social workers and healthcare agents (Dalla, 2006; Månsson & Hedin, 1999) that has been noted as one of the most significant relational factors that pose a barrier to exit (Hedin & Månsson, 2004; Mayhew & Mossman, 2007). This feeling of community social exclusion, as highlighted by the participants above, possibly reinforces the general level of alienation from society that prostituted women often experience (Brown et al., 2006). This is due to the heavy stigmatization and discrimination (Baker et al., 2004; Brown et al., 2006; Sanders, 2007) previously experienced from their communities, families, healthcare agents and police (Baker et al., 2004; Brown et al., 2006; Cornish, 2006; Pardasani, 2005; Sanders, 2007; Williamson & Folaron, 2003; Wojcicki & Malala, 2001). According to Hedin & Mansson, (2004), the importance of social support in facilitating exit lies in the ability of the women to mobilize resources around them to help heal old wounds. Consequently, these continued negative experiences within their social support networks could possibly prevent these women from seeking help in the future (Brown et al., 2006; Oselin, 2009; Sanders, 2007) once again putting them at risk for re-entry.

3.3.2 Concerns Regarding Children. The final theme to emerge was referenced around concerns that the participants raised regarding children. Concurring with the current literature, the issue of children in the exiting process of prostitution is rather complex. While it can be an external factor enticing women out of prostitution (Baker et al., 2010; Månsson & Hedin, 1999), it can also be a reason for re-entry (Hakala & Keller, 2011; Rabinovitch & Strega, 2004). Although more general concerns were highlighted across the entire data set,

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

specific issues relating to theme 3.1 regarding safety and living environment were also highlighted.

In general, across the entire data set, there seemed to be a protectiveness highlighted over not only their children but all children. This was expressed both in terms of concern about the neglect and abuse of children happening within their communities, as well as through possible ideas and action personally taken in order to try and protect them. In one photo story, an example of this was presented through the detailing of the abuse and neglect of the next door neighbour's child, with the prominent objective of this participant being to create awareness of the abuse happening with the aim of getting her help.



Photograph 17: Child abuse

"...she even gets sick... but her mother doesn't even take her to the clinic...but she's getting grants for this child, she's only eating the money but not taking care of the child. She doesn't even buy clothes, of this child, for this child...what I think is that this child is being abused, sexually abused. " (Thandiwe)

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

In addition, when speaking about Freedom Park, the lack of schooling for these children came up as a prominent concern, as well as the risk inherent in the distances these children had to travel alone. This concern and need for child protection was also emphasised when discussing possible actions that they could take in order to better their communities, with ideas such as giving talks in schools about potential risks and after school care for children being put forward.

“And what I think I can do, is take all the children. The boys to play soccer... and the girls and the boys together, to make them to dance and all this other goete [stuff] ... Then, from there they are safe, from these people who are taking kids and go and abuse them. And they are safe from the drugs and all these things, from when they were playing.” (Thandiwe)

“Ya, and go to schools to talk about sugar daddies because [the teachers] of school, they [don't] like sugar daddies because they want us support for life and wearing clothes, uniforms...” (Nombeko)

Research has shown that many women who enter into prostitution have a history of childhood sexual abuse (Collins, 2010; Cooper, 1989; Farley et al., 1998; Hakala & Keller, 2011). This preoccupation and subsequent protection of children therefore could be related to the correlation between their own sexual abuse and lack of education, and later entry into prostitution. Studies have often highlighted from those working in prostitution, a commitment to children's general wellbeing and educational opportunities, so as to prevent them from entering into the profession later in life (Collins, 2010; Pardasani, 2005).

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

In line with this, when speaking about concerns around safety within their communities, high rates of violence inflicted towards children were also outlined. These included incidences of both physical and sexual abuse. It was felt that their children were not safe within their respective communities, either while outside playing or while walking to the tap or toilets. This concern for their children's safety, compounding upon their already stressful lifestyle, could also possibly add a further dimension to the difficulties and constraints placed upon these women when looking for work in the absence of appropriate childcare facilities.



Photograph 18: Parks

“The park is not safe, but the kids are playing there... who you don't know from the community is coming to [steal] the children...” (Ndileka)

“There was those men who taking the kids and go and kill them.” (Themabela)

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

However, living in the more township-like communities could potentially act as a protective factor by offering a certain level of physical security, as well as community action. In one of the photo story narratives, the participant spoke of her communities response to the crimes committed against children while playing in the park. In order to protect the children, the community got together to work out a system where volunteers would watch the children in the afternoons while playing. This community action came across as a positive factor within her community and created a sense of pride.



Photograph 19: Community action

“There was those men who taking the kids and go and kill them...In our community, the members of the community get together and sit down. And then they talk, they will look for the volunteers, to go and watch you when the school is out and go and sit in the park and see who...you don’t know from the community is coming to (steal) the children...So ever since from then... They don’t do that anymore now.” (Ndileka)

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

Through community action such as this, it is possible that a certain level of relief and peace of mind can be achieved, resulting in a possible alleviation of a certain amount stress and burden placed upon these mothers. It is possible that against the background of marginalization, social exclusion and isolation that these women so often experience, community action such as this could have the potential to build a sense of reliability and trust in others, thereby possibly starting to re-establish positive social relationships, which could act as a protective factor against re-entry (Hedin & Månsson, 2004; Månsson & Hedin, 1999).

Finally, when discussing the challenges with regards to their living conditions, the participants also highlighted the consequences this had for their children in relation to a lack of safe and appropriate places for them to play. The children therefore play in the street, which is often covered in rubbish, and in the refuse containers themselves. This could then cause a possible safety hazard, through either illness or potential physical injury (e.g. being knocked down by a car or bitten by a dog). Furthermore, due to a lack of toys, play equipment and facilities, the children would also collect various items from the rubbish with which to play, while also being exposed to the dirty water and toilet facilities previously mentioned.

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN



Photograph 20: Children

“...the children... who are dirty, who are getting diseases because of the conditions... they are living in. My community, there is no park to play for them...clean parks...they play in rubbish, when they want to...play they collect the things out of the dustbin to do something called a (copiay)....so it’s very hard for them because they get diseases from the dustbins.” (Boniswa)

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN



Photograph 21: Children and disease

“...because the...children they are playing with the water...They are also bathing with this water and then they get diseases and are being eaten by mosquitoes...They are throwing away the faeces and the children are playing with it.” (Thembela)

It is currently estimated that 58% of South Africa’s 18.5 million children are born into poverty (Swingler, 2013). This in turn has adverse effects on not only their health, as can be seen from the above, but also their safety, growth, nutrition, cognitive abilities, school outcomes and dignity (Brooks-Gunn & Duncan, 1997; Hall, 2012). Living within these circumstances brings additional worries to these already very stressed women, due to their concerns about their inability to provide their children with a decent home environment and care for their basic needs.

“Even now I’m worried... [it’s] raining...in my house, a whole two months raining. Even now worry now for my children.” (Nokhanyo)

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

The challenges faced by these women in their everyday lives regarding children are both varied and complex. While a woman's relationship to her children can be an important and sometimes crucial incentive for change and motivation for her to leave prostitution (Månsson & Hedin, 1999; Swendeman et al., 2009), studies have reported that a women's entry into and involvement within prostitution is in fact, in part, often due their efforts to feed, clothe, safely house and otherwise provide for them (Hakala & Keller, 2011; Rabinovitch & Strega, 2004). Subsequently, should the burden of childcare and domestic responsibilities fall to the women, coupled with the lack of social support and education noted above, her mobility, agency and the type of jobs she can realistically do would possibly be limited, thereby making her vulnerable to more risky income generating activities (Brown et al., 2006; Cooper, 1989; Mosoetsa, 2011). Therefore, due to the increased responsibility and desire to be able to provide sufficiently for their children, coupled with the flexibility and quick, often higher-earning potential it offers (Brown et al., 2006; Cooper, 1989; Gould & Fick, 2008; Manopaiboon et al., 2003), prostitution is reinforced once again as the only option for these women, placing them at a high risk for re-entry. Interestingly, in the study conducted by Sanders (2007), it was found that the positive role of being a "good mother" was something that those who had exited strived for, as a way of replacing a previously internalized deviant status. However, in a context of poverty such as experienced in South Africa, with its resultant lack of meeting basic needs and opportunities, this may mean that in order to be a 'good mother' and provide for her children a return to prostitution is required.

3.4 Hopelessness

Finally, running through the entire dataset and all three themes was a general sense of hopelessness. With regards to their current socio-economic environment (theme 3.1), the women largely blamed the government, who would often make promises, creating hope, only

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to be let down when these were not acted upon. It was also highlighted that this happened particularly around voting time, and could therefore possibly be seen as a form of manipulation resulting in personal gain for government employees.

“Me if they say...you must go to the community hall, to fill forms and stuff. Ah...you get tired of that, it’s been long time. I grow up there filling forms for work, for everything and now I just sit at home.” (Thembela)

“And when they...see the...conditions we stay in then they ask question... they make us to fill forms...and then they make promises....more specially next year it’s going to be the vote, they going to come now and say we going to do this and that and that.” (Thembela)

“...our council. Then they tell us that he have money to do what. He just do a bridge, a little bridge only, but we were busy voting for him, singing for him. He just do the bridge it’s only even that bridge is dirty again, he disappeared. Don’t know where he stays. He stay in a nice house and comfortable beds and, and couches, watching plasma TV’s. Wearing expensive stuff.” (Boniswa)

In addition to this, through this feeling of hopelessness, a sense of worthlessness was also highlighted. It was felt that any applications and preparations for possible housing would just be disregarded or thrown away. This could possibly mirror and exacerbate previous feelings of worthlessness. Whether it was through feeling like they were something that could just be bought (Cimino, 2013), stigmatization (Baker, Wilson, & Winebarger, 2004; Pardasani, 2005), a client’s disregard, or the violence and abuse (Farley et al., 2004;

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Huysamen, 2011) so often experienced when working, feelings of worthlessness are commonly found among those working in prostitution. Having these feelings once again reconfirmed within their personal lives, of being something that can just be “thrown away” or ignored, can add to their already low self-esteem (Farley et al., 1998; Rekart, 2005; Sanders, 2005; Williamson & Folaron, 2003; Wojcicki & Malala, 2001).

“And if, what they promising you, you get hope because they take measurement of houses... and write down everything. But after when they finished they put all of that in the bin.” (Boniswa)

*“They sell, they sell this house to Nigerians. The leaders. They sell the houses.”
(Nomkhitha)*

While blaming their circumstances on the government has the ability to create a sense of hopelessness, my perception is that it can also possibly in one way give hope. This can be achieved through a sense that should the government change, their circumstances would change. This can then provide a sense of agency, through protest action and voting. However, it was not only at the level of government that this hopelessness was felt but also within their own communities. It was explained that even those who got a house would then rent it out to non-South Africans’, presumably to earn an income, after which they would then request another. This is believed to then cause a further shortage and therefore create a deeper sense of despondency.

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

“...they put some foreigners to rent or person who wants to rent. Then again they going ask for another house, so we can't, you see me, I lose hope now long time. I just tell myself I will die in a shack. There's no movement.” (Boniswa)

Therefore this hopelessness was shown to be felt at not only at the level of government, but also within their general communities, possibly creating a sense of further despondency.

Additional expressions of fear and hopelessness, which often led to a sense of immobilization, can also be seen in the other two themes. For example in theme 2 (gender-based violence), the participant feared that the man who raped her friend would come back and do the same to her, making her feel scared and vulnerable. This fear was further exacerbated by a lack of action from the police while once again reinforcing a feeling of social exclusion from her community.

“Like yesterday we saw this guy, me and my friend, he didn't do nothing. I don't know when or where he's going to do because my friend she saying she...he say he's coming back to me and my sister. He will do the same, so we are trying to find another house. It's not good for us.” (Nomkhitha)

While in theme 3 (social cohesion/community relations - children), when talking about her neighbours abused child, she felt that if she did report it, she would be vulnerable to eviction and therefore homelessness due to her lack of alternative options.

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

“Me, I think there is something I can do but (I’m scared). See I am renting there, in someone’s yard and the place I’m renting, is...the owner is this ladies boyfriend. So, I think if I can (go somewhere) and talk and they find out, then they will chase me away from that yard.” (Thandiwe)

In addition to this, a further hopelessness was expressed even when trying to enact change within their communities as it was often met with resistance. For example, they felt isolated in attempts to minimise safety risks, for when they tried to speak to other community members this was often met with hostility.

“So when you talk to your neighbour about like, you need to switch off your (globe) when you going out, you must make sure the stove is switching off, yo, he's going to shout you.” (Boniswa)

And when asked about the possibility of recreating the sense of community felt in Freedom Park and the Transkei within their own communities, it was felt that their ideas and opinions would be undermined.

“Because first off, all they going do, who you are and then...they first undermine you. Like, where do you come from? Why you going to tell us this, and this? Why you don’t do it yourself? Why do you mind about us?” (Nonkululeko)

This undermining has the possibility of creating a continued feeling of social exclusion and marginalization within their communities, further adding to their sense of hopelessness and once again reinforcing immobilization.

CHALLENGES FACED BY FORMER PROSTITUTED WOMEN

According to exiting literature on the individual factors needed in order for successful exit from a life of prostitution, a woman has to have a sense of agency and belief that the situation can change (Cimino, 2012; Månsson & Hedin, 1999). Therefore, whether the hopelessness mentioned by these participants is related to the symptoms of psychological distress noted above (e.g. depression), their actual lived experience or a combination of both, it has the potential to derail their exiting attempts by causing them to be despondent about any change within their circumstances, resulting in subsequent immobilization. In light of this, a possible empowerment intervention could greatly assist the process of exit. Through individual empowerment, an awareness and strengthening of their personal skills can be achieved thereby allowing for increased control, agency and therefore improvement in their own lives (Rekart, 2005). Through this, a sense of social empowerment can be obtained enabling these women to fight for their rights and acceptance within society (Pardasani, 2005; Rekart, 2005), while participating in positive community changes (Rekart, 2005). This, however, forms part of the larger study in which the Photovoice method, as a form of empowerment intervention, will be assessed.

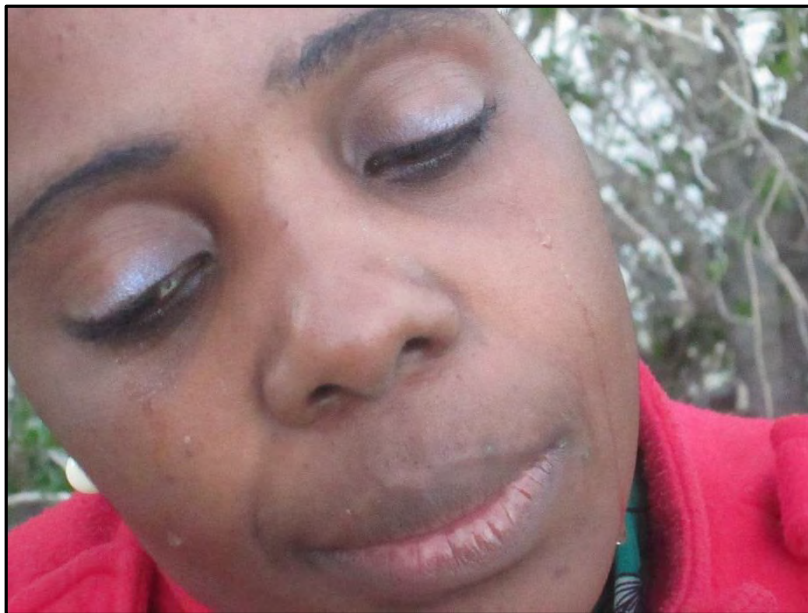
3.5 Concluding Summary

An examination of the participants' focus group discussions and photo story narratives revealed that their general living conditions, which are characterised by poverty, coupled with the common occurrence of gender-based violence and lack of community cohesiveness and relationships, create unique challenges that these women face within their everyday lives. Through this, a sense of hopelessness and resultant sense of despondency and decrease in sense of agency is created. This, then, greatly reduces the possibility of a sustained and successful exit from prostitution, thereby placing them at a high risk for re-entry and shows the importance of taking into account the unique context in which these

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women live, in order to achieve a realistic and complete understanding of the challenges faced and subsequent risks for re-entry.

In the next chapter a full summary of findings will be discussed, followed by a consideration of possible limitations and lastly, potential implications the study has for research and policy.



Photograph 22: Effects of prostitution

“I am crying. I want my life back. I regret this now I want my salon back. I want to be a business woman, have a car and a house. I want my salon to be mine.”

CHAPTER 4

CONCLUSION

4.1 Summary of findings

While all the women in this study are currently within stage four or an initial exit cycle of the *Integrated Model of Exiting*, analysis of the main themes to emerge from the data identified multiple challenges due to their immediate environment and context in which they live. These challenges, which could possibly pose barriers to a sustained and successful exit from prostitution, came from within all four areas identified within the literature, namely, structural, societal, individual and relational. Should these challenges not be addressed, these women stand a high risk of entering into stage five of the process, re-emerging within prostitution, instead of moving directly to stage six – final exit. In order for this to happen, research highlights that behavioural and cognitive changes need to occur, as well as the alleviation of any individual, structural and relational barriers (Baker et al., 2010). The low socio-economic status and significant gender oppression due to the patriarchal and violent context in which these women live, however, have a substantial effect on their lives, leaving them with an overwhelming sense of hopelessness and disempowerment. This was evidenced through their everyday contextual struggles, creating a situation in which they are merely surviving day to day, leaving little room for any form of self-growth or change.

Due to the gender oppression characteristic of the South African society in which they live, these women are still living within the same environment of poverty and subsequent financial constraints which led many of them into prostitution to begin with. Their lack of education, training and skills, mean these women are unable to obtain sufficiently paying jobs

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that offer enough resources to break the cycle of poverty and lead them out of the dire circumstances in which they currently live. Living within these economically disadvantaged communities expose them to additional everyday stressors, through inadequate housing and its subsequent lack of basic amenities, increased risk of diseases, overcrowding, lack of safety and increased risk to their children. Furthermore, these women live with a constant state of fear due to the common occurrence of violence within their communities which is a feature of the characteristically violent and patriarchal society in which they live. In their communities, gender-based violence has been normalized, leaving these women feeling particularly vulnerable, having a mistrustful and unhealthy relationship to men and furthermore concerned for the safety of their children. Living within these circumstances has a direct impact on not only their physical health but also exposes them to increased vulnerability to mental illness and in particular PTSD, substance abuse, depression and anxiety. These individual factors can alone act as important barriers to the exiting process, while significantly impacting their everyday functioning. While the management of psychological trauma has been noted to play a crucial role to successful exit, healing from trauma in a context where repeated violence and gender oppression is continuous and where access to professional services is also severely limited within the under-resourced areas in which they live, makes the healing process particularly difficult. A further challenge then presents itself through their continued experience of social isolation and alienation from within their communities, which was predominantly felt by those living in the low cost housing sectors. Although those living within the townships felt a partial sense of safety through community aid and action, they were still affected by the stigma and marginalization attached to them from working in prostitution and therefore to some degree still experienced social exclusion. This lack of social support both formal and informal, again can act as a barrier to exiting with social support being noted as one of the most significant relational factors. Therefore, even

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though these women have made the break away from prostitution, they are still experiencing many of the hardships that made them first enter into the field, (e.g. economic constraints, child care burdens and gender inequality), as well as reliving many of the same experiences (e.g. violence and rape) and negative effects (e.g. discrimination and stigma) of the life they lived while working.

Although these women have now left prostitution, living within these conditions creates a sense of hopelessness that there would ever be any change within their circumstances, causing a sense of despondency and resulting in possible immobilization. Therefore, even though these barriers to exit are considered to be lying within the individual, they are in fact a result not only of the negative effect of their life in prostitution but are also continually being reinforced and exacerbated through their immediate living environment. Looking at these individual factors outside of the low socio-economic, patriarchal and gender oppressed context in which they live will create an incorrect assumption that the power to exit prostitution lies solely within the individual, allowing for possible victim blaming (Hakala & Keller, 2011; Norsworthy & Khuankaew, 2008) and reinforcement of their already low self-esteem through multiple exit and re-entry cycles. According to the *Integrated Model of Exiting*, in order for a successful and sustained exit from prostitution to take place, a complete change in identity, habits, and social networks needs to occur (Baker et al., 2010). However, until these women have their basic survival needs met, including a sense of safety and psychological healing, they will be living in pure survival mode, leaving little internal resources available for personal agency, mobilization of external resources, generation of positive social support networks and the resultant change required for a sustained exit from prostitution. Therefore, while Baker et al's (2010) *Integrated Model of Exiting* provides a valuable understanding of the exiting process, it remains lacking within a South African

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context as it does not sufficiently take into account the unique social environment in which these women live, which is subject to an extremely limited amount of change due to the intergenerational cycle of dire poverty, lack of sufficient government aid and the inequality still experienced. This can then in turn significantly affect their exiting process. Successful intervention programs will therefore have to not only focus on the individual through empowerment, healing and consciousness raising, but also the unique context in which she is living, with its resultant economic deprivation, gender oppression, continuous violence and fractured social cohesiveness.

4.2 Limitations

According to Wang and Burris (1997), Photovoice holds the potential to hide a certain amount data due to the nature of using photography, and the personal judgement inherent in the taking, choice and discussing of these photographs. This personal judgement may intervene at various points within the representation. Examples include: what the photographer choose to photograph versus what they chose not to, who selected which photographs to discuss and who recoded the thoughts and ideas about these photos. This may then in turn ultimately have an effect on the final dataset used for analysis (Wang & Burris, 1997). While the potential risk of missing or hidden data is similar to many other methodologies within a qualitative framework, this limitation needs to be acknowledged within the use for the broader study findings. This being said, the Photovoice method allows for a large amount of data to be collected per participant. This in turn will compensate for a second possible limitation, of the relatively small sample size of eight participants. While a larger sample size may have enriched the data, a purposive sampling strategy was used. The reason for this was that the focus of the study was on a very specific sample, namely, street-

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based prostituted women in the process of exiting prostitution who are involved within the leadership program.

In line with this, another possible limitation of the study during the analysis phase includes the subjective nature of interpreting textual data. According to McLeod (2001), it is the intentionally personal nature of qualitative research that separates it from other methods such as positivist research, where the experience and identity of the researcher always influence the findings that are produced (p.195). It is argued, however, that through this method the validity of the data may be compromised due to the researcher being subject to his / her own interpretations (Mason, 1996; Silverman, 2012, cited in Baillie, 2013). It is therefore necessary that researchers acknowledge their active role within the research process and what effect this might have on the collection and analysis of the data. It is important that the researcher recognises his/her subjective understanding including possible preconceived ideas and position in society which may then in turn influence the results (England, 1994; McLeod, 2001). During this study, my position as a white female from a relatively privileged background undoubtedly had an effect on the way the participants interacted with me, and what information was shared. It is possible, however, that the effect of this might have been lessened due to the nature of focus groups, as previously discussed (see chapter 3), and the resultant decrease of the power imbalance. It should, however, be noted that during the analysis stage of the study, the themes identified were based on the researcher's interpretation of the data and could not be verified if the participants would have agreed to the subsequent groupings of challenges.

Finally, although the study did not necessarily focus on the participants' personal life, but rather the challenges they face within their specific community, it was based on their

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subjective representations of their lived realities. It will therefore be important to consider that the challenges faced within this study may not be representative of all prostituted women looking to exit prostitution, as the women may differ demographically, as well as in terms of the type of prostitution work and social context they are involved in.

4.3 Significance

Studying the challenges faced by these women in their everyday lives while in the process of exiting prostitution has academic as well as practical significance. Through research such as this we are able to gain a deeper understanding of how these women represent the challenges faced within their specific communities, thereby building upon and enriching the current literature on the challenges faced when exiting prostitution. As there has been very little research done in this area within a South African context, studies such as this can not only help guide future research but also inform intervention projects. It allows for interventions to be structured in such a way so as to suit the needs of the unique population it serves. Furthermore, through the use of participatory methodologies such as Photovoice, an opportunity is given to marginalized groups such as prostituted women for their voices to be heard. This could potentially allow for more of these women to see themselves as effective contributors to community action and change. Lastly, as this project forms part of a larger study, in which the level of empowerment will be measured, the results and information gained will aid the needs analysis phase for use in possible future empowerment and leadership programs.

4.4 Recommendations for future research

In order to recognise the complex myriad of barriers that women looking to exit prostitution possibly face, it is important to recognise the heterogeneity of each women's

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individual reasons for entry, exit and entrapment within prostitution, as well as her experiences while working and her unique contextual circumstances. As seen in this study, this is particularly true in a country such as South Africa, with its characteristic poverty, unemployment, lack of resources, culture of violence, patriarchal society and gender oppression. Therefore, while much of the western models and barriers to exiting research provides a rich and vital understanding of the process these women face when exiting prostitution, they remain inapplicable within a South African context. Should the unique context not be taken into account, it is possible that the choice to enter into, remain, exit or re-enter into prostitution may be viewed as lying solely within the power of the woman, and not seen as a constrained choice made from a lack of alternative options. Therefore the process that these women go through from entry to exit specifically within a South African context warrants further investigation. This would then help to further inform and design holistic intervention programs that focus on both the individual as well as her relation to the unique context in which she is living.

In addition to the focus on what barriers these women might face, the need to examine the possible resources available to these women was also highlighted. Until their basic needs can be met, any form of behaviour change will remain particularly difficult and elusive. Finally, the use of the Photovoice method in research with this highly marginalised and stigmatised group should be evaluated, with a particular focus on its impact on community action, empowerment and critical consciousness raising.

4.5 Conclusion

The complex nature of the issues raised by the participants in this study, emphasises the importance of not just focusing on the challenges directly related to life in prostitution

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and its effect on the exiting process, but also the importance of examining the day-to-day challenges that these women face, due to their immediate living environment and imbedded cultural and social values. In this way, a more realistic expectation of the exiting process within a South African context can be formed, and the resultant implications for intervention examined so as to ensure comprehensive and effective program development.

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APPENDICES

Appendix A - Informed Consent Form



Child Guidance Clinic University of Cape Town

Faculty of Humanities
Chapel Road, Rosebank, 7700
Tel: +27 (0) 21 650 3900 Fax: +27 (0) 21 689 1006

A study on the challenges faced by former South African street-based prostituted women using Photovoice

The University of Cape Town and Embrace Dignity would hereby like to invite you to take part in a study which looks at the challenges or difficulties within your communities and everyday lives. We are interested to know what these are, so as to help Embrace Dignity and other organizations like them, design better programs in order to help women like yourself and make the process of leaving prostitution easier.

Procedures

As part of this study we will be using a method called Photovoice. Photovoice is way of gathering information by asking someone to take photographs of a particular subject and then using these photographs to tell a story. Should you not know how to use a camera, this is no problem at all! Training will be provided and someone will be there to help you all the way.

Should you decide you do want to take part in the study, the following will take place:

- Firstly, you will attend a 5-day photography training workshop where a professional photographer will teach you how to use a camera, as well as show you some ideas on how to take great photographs.
- At the end of the third day, we will sit down together with the other participants as a group, to discuss what you think are the biggest challenges or difficulties in

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each of your own communities. This will take approximately 1 ½ hours. From this, you will have a good idea on what you would like to focus on when taking your photographs.

- Once the photography training is complete, you will each have a camera for 1 week during which time you can take your photographs.
- After this, you will then meet with one of the researchers for approximately 2 hours, at a prearranged and convenient time to discuss some of your photographs. In this way, the researcher will help you develop a story to go with them.
- Finally, as part of this project, we will sit down together as a group again for approximately 1 ½ hours, to discuss what the project was like for you and any ideas you might have as a result of participating.

Privacy and Confidentiality

We, as the researchers, will do everything we can to make sure anything you tell us during this project is kept private. It is important for you to remember though, that everything you say in the group meetings will be heard by the other group members. Therefore privacy within these groups cannot be guaranteed, as other members may choose to disclose information to non-members outside the group. In addition to this, the group meetings will also be recorded. These recordings, however, will be for the researchers use only and kept locked away at all times. Please note that any information that you tell us, either in the group meetings or in the stories about your photographs, may be used in any reports that the researchers write for academic reasons or publications. At no time however will your real name be used, in order to ensure your privacy.

Photographs

While you will be able to keep a copy of all your photographs, agreeing to take part in this project, means that you agree to also allow the researchers to use a copy of them in the reports mentioned above. Once again however your real name will not be used. Should we want to use the photographs for any other purpose, we will be sure to get your permission first.

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Participation in project and withdrawal

Your participation in the project is entirely voluntary. You do not by any means have to participate if you do not want to. Also, if you do decide to participate and at any point in the project change your mind, you can stop taking part at any time.

Benefits

Your participation in this project will allow you an opportunity to express your opinion on what you think are the greatest challenges that you face in your community. It will also help us think of ways in which we can help other women such as yourself overcome some of these challenges. While we might not be able to change these circumstances, we are hoping that through this process you will be able to identify ways in which you yourself can make necessary changes. It will also give you an opportunity to gain a useful skill, as well as learn more about photography and how to use photographs to tell a story.

Questions

Should you at any point have any questions about the study, your rights as a participant or concerns regarding the research process, please do not hesitate to contact any of the following researchers.

Tanya Oosthuyzen	082 395 6928
Dr Despina Learmonth	021 650-3425
Dr Shose Kessi	021 650-4606

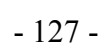
If you would like to take part in this study and understand all of the above, please sign below.

Name

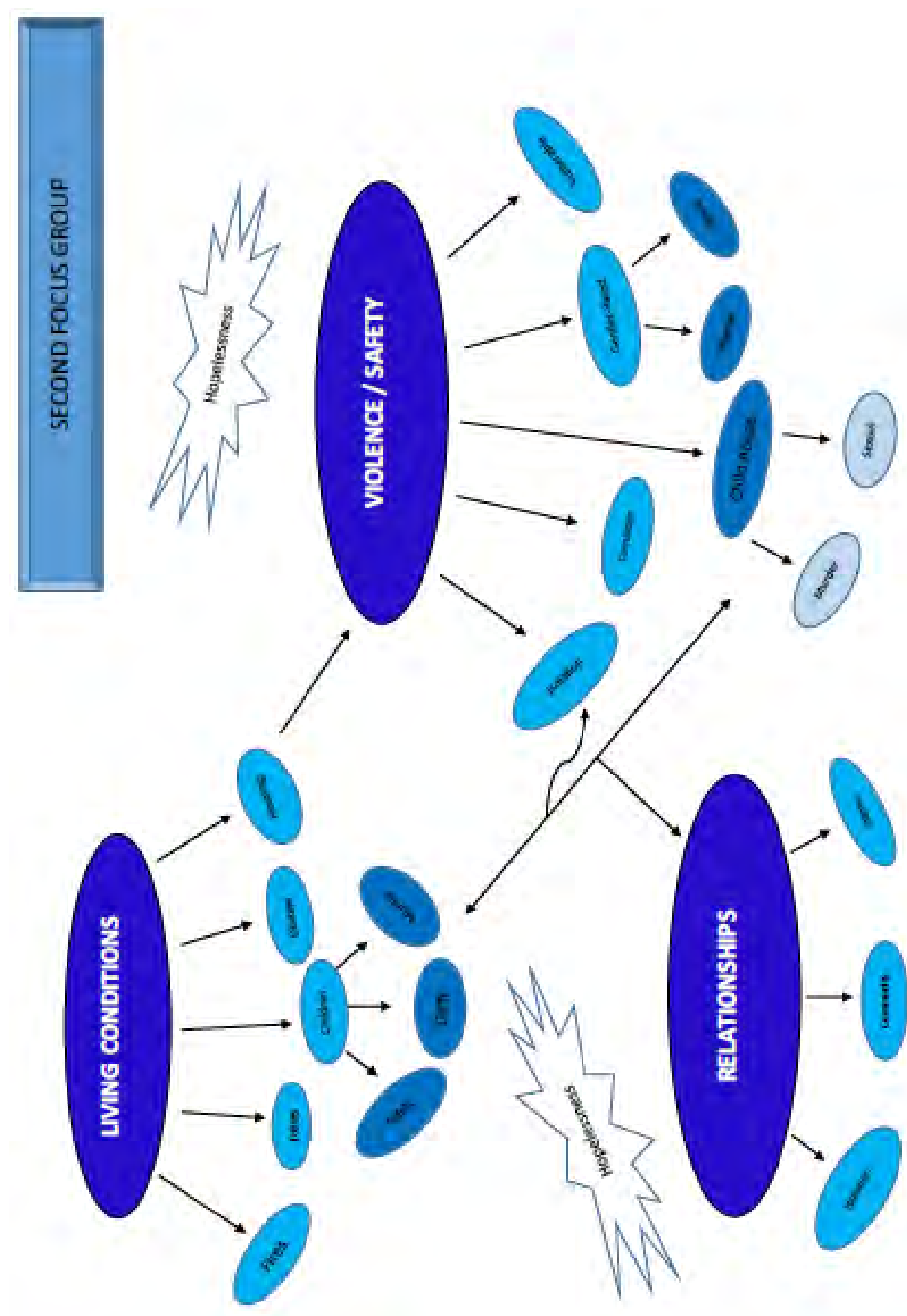
Signature

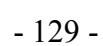
Date

Thank you!



Appendix C – Initial Analysis : Second Focus Group





Appendix E – Analysis – Data Corpus

